

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007721

1. Entity Name
ZANZI ENTERPRISES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90292 025 ***150.00

Principal Place of Business
4842 SW 74 COURT
MIAMI FL 33156
US

Mailing Address
4842 SW 74 COURT
MIAMI FL 33155-4448
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip **33155** Country

Zip Country

4. FEI Number **65-0369641**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ZANZI, HUGO
8699 SW 122 ST
MIAMI FL 33156

7. Name and Address of New Registered Agent
Name
ZANZI, HUGO
Street Address (P.O. Box Number is Not Acceptable)
4842 SW 74 Court
City **Miami** FL Zip Code **33155**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Hugo Zamzi DATE 4-26-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	ZANZI, HUGO	
STREET ADDRESS	8699 SW 122 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zamzi, Hugo	
STREET ADDRESS	8699 SW 122 ST	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INES F. ZANZI	
STREET ADDRESS	8699 SW 122 ST	
CITY-ST-ZIP	Miami FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hugo Zamzi DATE 4-26-00 305-6684420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)