

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P92000010179**

1. Entity Name  
**Z PAK INC.**

Principal Place of Business

**4438 SEILS WAY  
ORLAND FL 32812  
US**

Mailing Address

**P.O. BOX 621586  
ORLANDO FL 32862  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip      Country

Zip

Country

4. FEI Number

**59-3169432**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**ARROCHA, MELITON III  
4438 SEILS WAY  
ORLANDO FL 32812**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

**D  
ARROCHA, MELITON III  
4438 SEILS WAY  
ORLANDO FL 32812**

Delete

**D  
ARROCHA, Verna M  
4438 SEILS WAY  
ORLANDO FL 32812**

Delete

Delete

Delete

Delete

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Change  Addition

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: *Meliton Arrocha III President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/4/02*

*407-381-0980*

Daytime Phone #

Date

CR2E034 (9/01)