

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021427

1. Entity Name
ZP XXI INTERNATIONAL, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90148 009 ***558.75

Principal Place of Business

4014 CHASE AVE.
SUITE 212
MIAMI BEACH FL 33140
US

Mailing Address

4014 CHASE AVE.
SUITE 212
MIAMI BEACH FL 33140
US

2. Principal Place of Business

3. Mailing Address

5401 COLLINS AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 822

City & State

City & State
MIAMI BEACH - FL

Zip

Country

Zip
33140

Country

US

4. FEI Number 65-0436228

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIJOS, JOSE LUIZ G
5401 COLLINS AVE
STE 212 * CHANGE/CORRECTION
MIAMI BEACH FL 33140

Name
BIJOS, JOSE LUIZ G.

Street Address (P.O. Box Number is Not Acceptable)
5401 COLLINS AV. SUITE 822

City MIAMI BEACH FL Zip Code 33140

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

Jose Luiz G. Bijos

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MP	<input type="checkbox"/> Delete
NAME	BIJOS, JOSE LUIZ G.	
STREET ADDRESS	5401 COLLINS AVE., #820	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BIJOS, LUIZ R	
STREET ADDRESS	5401 COLLINS AVE APT 822	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LOPEZ, HECTOR L	
STREET ADDRESS	21468 SW 88 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	REYES, IGOR	
STREET ADDRESS	7135 COLLINS AVE #PH1	
CITY-ST-ZIP	MIAMI BCH 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"/> 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		
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, IGOR	
STREET ADDRESS	7135 COLLINS AV. # PH1	
CITY-ST-ZIP	MIAMI BEACH - FL	
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:

Jose Luiz G. Bijos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/03/2000
Date

305-6105434
Daytime Phone #

CR2E034 (5/00)