

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021427

1. Entity Name

ZP XXI INTERNATIONAL, INC.

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90019 050 ***158.75

Principal Place of Business

4014 CHASE AVE.
SUITE 212
MIAMI BEACH FL 33140
US

Mailing Address

5401 COLLINS AVE
SUITE 822
MIAMI FL 33140
US

2. Principal Place of Business

10471 NW 28TH Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0436228

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BIJOS, JOSE LUIZ G
5401 COLLINS AVE
STE 212
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

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 fee 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 State10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MP
BIJOS, JOSE LUIZ G.
5401 COLLINS AVE., #820
MIAMI BEACH FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BIJOS, LUIZ R
5401 COLLINS AVE APT 822
MIAMI BEACH FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LOPEZ, HECTOR L
21468 SW 88 AVE
MIAMI FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
REYES, IGOR
7135 COLLINS AVE #PH1
MIAMI BCH FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/02

Date

305-471-0021

Daytime Phone #

CR2E034 (9/01)