

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000065555

1. Entity Name

ZARCO & COMPANY, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90118 021 ***150.00

Principal Place of Business

~~6719 MAIN ST~~ 6001 NW 153 ST #205
 MIAMI LAKES FL 33014-8008
 US

Mailing Address

~~6719 MAIN ST~~ 6001 NW 153 ST #205
 MIAMI LAKES FL 33014-2421
 US

2. Principal Place of Business

6001 NW 153 ST #205

3. Mailing Address

SAME

Suite, Apt. #, etc.

#205

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL 33014-2421

City & State

4. FEI Number

65-0439366

Applied For

Not Applicable

Zip

33014-2421

Country

DADE

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARCO, DAVID
 6719 MAIN STREET
 MIAMI LAKES FL 33014

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] DAVID ZARCO

JANUARY 7, 2000

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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPS	ZARCO, DAVID	6719 MAIN ST 6001 NW 153 ST #205	MIAMI LAKES FL 33014	<input type="checkbox"/>
DVT	ZARCO, NANCY	6719 MAIN ST 6001 NW 153 ST #205	MIAMI LAKES FL 33014	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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] DAVID ZARCO

JAN. 7, 2000 (305) 362 6569

Signature (Typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (9/99)