2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachn

May 21, 2002 8:00 am Secretary of State P93000065555 DOCUMENT # 1. Entity Name 05-21-2002 90900 024 ***150 00 ZARCO & COMPANY, INC. Mailing Address Principal Place of Business 15327 NW 60 AVE #230 15327 NW 60 AVE #230 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0439366 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZARCO, DAVID Street Address (P.O. Box Number is Not Acceptable) 15327 NW 60 AVE #230 MIAMI LAKES FL 33014 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE DPS ☐ Delete TITLE ZARCO, DAVID NAME NAME STREET ADDRESS 15327 NW 60 AVE #230 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME ZARCO, NANCY NAME STREET ADDRESS 15327 NW 60 AVE #230 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED