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J2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other that

SIGNATURE:

May 10, 2001 8:00 am Secretary of State DOCUMENT # **P94000004352** ZAMORANO ENTERPRISES, INC. 05-10-2001 90063 024 ***158.75 Principal Place of Business Mailing Address 120 N.W. 30TH ST. 120 N.W. 30TH ST. MIAMI FL 33127 MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0460179 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTEGA, MANUEL Street Address (P.O. Box Number is Not Acceptable) 120 N.W. 30TH ST. **MIAMI FL 33127** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME ORTEGA, MANUEL STREET ADDRESS STREET ADDRESS 120 N.W. 30TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33127 TITLE **VPD** Delete ☐ Change Addition NAME ORTEGA, MARTHA STREET ADDRESS STREET ADDRESS 120 N.W. 30TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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