## **FILED** May 05, 2003 8:00 am § Secretary of State

05-05-2003 90187 017 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P95000053721

1. Entity Name

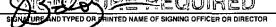
Z ADARTMENTS INC



Z APANI	IMEIVIO, INC.				9			
Principal Place of Business 8510 SW 48 STREET MIAMI FL 33155		Mailing Ad PO BOX MIAMI FI						
				1				
2. Principal P	Place of Business	3. Mailing	Address					<b>a</b> 550 <b>1</b> 0 4504 5001
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & Si	City & State			4. FEI Number		
Zip Country		Zip		Country	5.	5 Certificate of Status Desired \$8.75 Additional		ditional
	- 6. Name and Address of Curre	nt Registered A	gent .	<u> </u>		Name and Address of New Registered A	Fee Require	
<del></del>				Name			<u></u>	
-	L. MICHAEL		Street Address			(P.O. Box Number is Not Acceptable)		
1474-A W HIALEAH	vest*84 street   fl							
ПИЦЕНП	FL			City			Zip Cod	le
O . The obour	accord cattle submits this statement	for the name of	of changing its			FL		
	tions of registered agent.	for the purpose	or changing its	registered office or regist	.erea ag	gent, or both, in the State of Florida. I am fa	trimai with,	апо ассері
SIGNATURE .								
	Signature, typed or printed name of registered age	ent and title if applicable	e. (NOTE	E: Registered Agent signature requi	red when r	reinstating) DATE		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department					9. Election Campaign Financing Trust Fund Contribution.	<b>\$5.0</b> Added	00 May Be d to Fees
10.	OFFICERS AN	ID DIRECTORS		11.	A	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZARDOYA, JORGE 8510 SW 48 ST. MIAMI FL 33155		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZARDOYA, MARIA I 8510 SW 48 ST. MIAMI FL 33155		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		3	- Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 



CR2E034 (10/02)