

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90068 036 ***150.00

DOCUMENT # P95000054208

1. Entity Name

ZERON'S IRON CRAFT, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4363 E. 10TH LANE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hialeah,

City & State

Zip

33013

Country

FL.

Zip

Country

4. FEI Number

65-0592765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Xiomara LEE, P.A.

Street Address (P.O. Box Number is Not Acceptable)

2380 S.W. 80 CT

City

Miami

FL

Zip Code

33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Xiomara Lee*

(NOTE: Registered Agent signature required when reinstating)

03-25-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ZERON, JOSE A.
STREET ADDRESS 2721 W. 74TH Street
CITY-ST-ZIP Hialeah, FL. 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
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TITLE S
NAME RIVERA, WALTERIO
STREET ADDRESS 1107 N.W. 130TH AVE
CITY-ST-ZIP Miami, FL. 33182

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-03 305-769-2220

Date

Daytime Phone #

CR2E034B (12/02)