FILED
Jul 02, 2002 8:00 am
Secretary of State
05-15-2002 90086 023 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044937

1. Entity Name
ZOLTAK & DURKON, INC. N/C

DO NOT WRITE IN THIS SPACE

- 37184

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2. Principal Place of Business
c/o BUSINESS ADVISERS, INC. 9050 Pines Blvd.
Suite, Apt. #, etc.
Suite, Apt. #, etc. 450-8
City & State
Pembroke Pines, FL
Zip
33024
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-0630961
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
CARLOS D'AREZZO
Street Address (P.O. Box Number is Not Acceptable)
c/o BUSINESS ADVISERS, INC.
9050 Pines Blvd. Ste 450-8
City
Pembroke Pines
FL
Zip Code
33024

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 by /Carlos D'arezzo
Signature required for printed name of registered agent and title if officer, etc. (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. (See criteria on back) ☐

Annual Report May 1st Fee: $150.00
Fee After May 1st: $350.00
Amended UBR: $61.25
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	PSD
NAME	D'AREZZO, Carlos
STREET ADDRESS	9050 Pines Blvd, Ste 450-8
CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	VTD
NAME	MONGE, JOSE
STREET ADDRESS	9050 Pines Blvd, Ste 450-8
CITY-ST-ZIP	Pembroke Pines, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: [signature] 4-29-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #