

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**  
 04-26-2000 90080 018 \*\*\*150.00

**DOCUMENT # P96000048511**

1. Entity Name  
**ZAMA WORLD CORPORATION**

Principal Place of Business  
**5350 NW 114TH AVE**  
**303**  
**MIAMI FL 33178**  
**US**

Mailing Address  
**940 LINCOLN RD MALL**  
**SUITE 204**  
**MIAMI BEACH FL 33139-2610**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country

3. Mailing Address  
**5350 NW 114th Ave**  
 Suite, Apt. #, etc.  
**303**  
 City & State  
**MIAMI FL**  
 Zip  
**33178**  
 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0670268**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ZAMARIOLI, JURACY**  
**940 LINCOLN RD MALL**  
**SUITE 204**  
**MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent  
 Name **JURACY ZAMARIOLI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5350 NW 114th Ave # 303**  
 City **MIAMI** **FL** Zip Code **33178**

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]* DATE **2/13/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 |                                  |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|----------------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE                      | <b>D</b>                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>ZAMARIOLI, JURACY</b>         |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>6995 NW 82ND AVE #34</b>      |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>MIAMI BEACH FL 33166-2783</b> |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                  |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                                  |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                  |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                  |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                                  |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                  |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                  |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                                  |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                  |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                  |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                                  |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                  |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                  |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                                  |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                  |                                 | 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **2/13/2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR