

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054595

1. Entity Name

Z.A.S. CARPENTRY, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90127 025 \*\*\*158.75

801876



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

15990 SW 302 TERRACE  
HOMESTEAD FL 33033  
US

15990 SW 302 TERRACE  
HOMESTEAD FL 33033-3441  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0676518

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARECES, MIGUEL JR  
30300 S.W. 160TH AVENUE  
MIAMI FL

Name Miguel Areces Jr  
Street Address (P.O. Box Number is Not Acceptable)  
15990 SW 302 TERRACE.  
City Homestead FL Zip Code 33033

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

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 ☒ Delete  
NAME ARECES, MIGUEL JR  
STREET ADDRESS 15990 S.W. 302ND TERRACE  
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE ☐ Change ☒ Addition  
NAME V/T/S Miguel Areces Jr  
STREET ADDRESS 15990 SW 302 TERRACE  
CITY-ST-ZIP Homestead FL 33033

TITLE ☒ Delete  
NAME ARECES, MIGUEL  
STREET ADDRESS 19955 S.W. 296ST.  
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ZALDIVAR, DAVID  
STREET ADDRESS 30300 S.W. 160TH AVENUE  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ Change ☒ Addition  
NAME P David Zaldivar  
STREET ADDRESS 19955 SW 296 ST  
CITY-ST-ZIP Homestead FL 33030

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Miguel Areces Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2000 (305) 796-5160  
Date Daytime Phone #

CR2E034 (9/99)