

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90552 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P97000012402</b>			
1. Entity Name <b>ZEPHYR ONE, INC.</b>			
Principal Place of Business <b>1550 MADRUGA AVE SUITE 313 CORAL GABLES FL 33146 US</b>		Mailing Address <b>1550 MADRUGA AVE SUITE 313 CORAL GABLES FL 33146 US</b>	
2. Principal Place of Business <b>1172 S. DIXIE HWY</b>		3. Mailing Address <b>1172 S. DIXIE HWY</b>	
Suite, Apt. #, etc. <b># 371</b>		Suite, Apt. #, etc. <b># 371</b>	
City & State <b>CORAL GABLES FL</b>		City & State <b>CORAL GABLES FL</b>	
Zip <b>33146</b>	Country <b>USA</b>	Zip <b>33146</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>STRATOS ENTERPRISES 1172 SOUTH DIXIE HIGHWAY SUITE 393 CORAL GABLES FL 33146</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE </div> <div>DATE</div> </div> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PECKNOLD, GEOFF 5013 SW 76TH ST MIAMI FL 33143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)