## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 12, 2002 8:00 am Secretary of State P97000012402 **DOCUMENT #** 1. Entity Name 05-12-2002 90552 049 \*\*\*150.00 ZEPHYR ONE, INC. Mailing Address Principal Place of Business 1550 MADRUGA AVE 1550 MADRUGA AVE **SUITE 313** SUITE 313 CORAL GABLES FL 33146 CORAL GABLES FL 33146 US 3. Mailing Address Principal Place of Business Dixie ハファ DO NOT WRITE IN THIS SPACE Suite Apt. #, etc Suite, Apt. #, etc. 歩 37 City & State Applied For 4. FEI Number City & State 65-0729757 CLABUES Not Applicable JASO\_ ORA \$8.75 Additional Country 5. Certificate of Status Desired Country Fee Required 42U 420 331 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STRATOS ENTERPRISES Street Address (P.O. Box Number is Not Acceptable) 1172 SOUTH DIXIE HIGHWAY **SUITE 393** Zip Code **CORAL GABLES FL 33146** City FL 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 egistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS ☐ Change Addition TITLE ☐ Delete TITLE NAME PECKNOLD, GEOFF NAME STREET ADDRESS 5013 SW 76TH ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change . Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Daytime Phone #