

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014544

1. Entity Name

ZORMAR IMPORT AND EXPORT, CORP

Principal Place of Business Mailing Address

10090 NW 80 COURT SUITE 1320 SAME  
HIALEAH GARDEN FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0739953

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MARITZA ESCOBAR.  
10090 NW 80 CT. STE: 1320  
Hialeah, Garden, FL 33016

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, not 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

TITLE NAME SD  
STREET ADDRESS ESCOBAR MARITZA  
CITY-ST-ZIP 10090 NW 80 COURT SUETE 1320  
HIALEAH GARDEN FL 33016

TITLE NAME PTD  
STREET ADDRESS ZORRILLA, VENANCIO  
CITY-ST-ZIP 10090 NW 80 COURT SUITE 1320  
HIALEAH GARDEN FL 33016

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
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12.

TITLE NAME  
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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

600003442096  
-11/01/00--01125--022  
\*\*\*\*150.00 \*\*\*\*150.00

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10f2

FILED

00 OCT 20 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

20f2

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **ZORMAR IMPORT AND EXPORT, CORP.** Thank you for your courtesy in this matter.



MARITZA ESCOBAR  
SECRETARY