

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014752

1. Entity Name

ZOLYMAR INTERNATIONAL DEVELOPMENT, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90062 025 ***150.00

Principal Place of Business 2100 CORAL WAY STE 602 MIAMI FL 33145	Mailing Address 2100 CORAL WAY STE 602 MIAMI FL 33145-2657
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SAME AS ABOVE	3. Mailing Address SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0732539	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DIAZ, ZOILA R
2100 CORAL WAY STE 602
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** 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.

SIGNATURE _____ (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		<input type="checkbox"/> Delete
TITLE PD	NAME DIAZ, ZOILA R	<input type="checkbox"/> Delete
STREET ADDRESS 2100 CORAL WAY STE 602		
CITY-ST-ZIP MIAMI FL 33145		
TITLE VPSD	NAME MAZA, MARTHA B	<input type="checkbox"/> Delete
STREET ADDRESS 2100 CORAL WAY STE 602		
CITY-ST-ZIP MIAMI FL 33145		
TITLE TD	NAME SANTIAGO, EDMUND	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 7205 CORPORATE CNTR DR # 406		
CITY-ST-ZIP MIAMI FL 33126		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: Zoila R. Diaz **4/20/00** **305-854-6800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2FC34 (9/99)