

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91408 043 ***150.00

DOCUMENT # **P97000014752**

1. Entity Name
ZOLYMAR INTERNATIONAL DEVELOPMENT, INC.

Principal Place of Business 2100 CORAL WAY STE 305 MIAMI FL 33145	Mailing Address 2100 CORAL WAY STE 305 MIAMI FL 33145
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2500 SW 20 Street	3. Mailing Address 2500 S.W. 20 ST.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI, FLORIDA	City & State MIAMI, FL
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4. FEI Number 65-0732539	Applied For <input type="checkbox"/> Not Applicable
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Zip 33145	Country DADE	Zip 33145	Country DADE
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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

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

Name
Street Address (P.O. Box Number is Not Acceptable) 2500 S.W. 20 ST.
City MIAMI FL Zip Code 33145

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, ZOILA R 2100 CORAL WAY STE 602 MIAMI FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2500 SW 20 ST MIAMI FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MAZA, MARTHA B 2100 CORAL WAY STE 602 MIAMI FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2500 SW 20 ST MIAMI FL 33145
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
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
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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

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]* President Date: 2/09/02

CR2E034 (9/01)