

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90228 009 ***150.00

DOCUMENT # P97000040831

1. Entity Name

ZORE'S INCORPORATED

Principal Place of Business

Mailing Address

6100 NW 186 ST.
 306
 MIAMI FL 33015
 US

6100 NW 186 ST.
 306
 MIAMI FL 33015
 US

2. Principal Place of Business

3. Mailing Address

17110 SW 39CT

17110 SW 39CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar FL

Zip

33027

Country

USA

Zip

33027

Country

USA

4. FEI Number

59-3450242

Applied For

Not Applicable

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

LANDAETA, CESAR

6100 NW 186 ST. SUITE 306
 MIAMI FL 33015

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

Signature, typed or printed name of registered agent and title if 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, 2001 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 PD
 NAME LANDAETA, CESAR
 STREET ADDRESS 6100 NW 186 ST. SUITE 306
 CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE PD
 NAME Landaeta, Cesar ☒ Change ☐ Addition
 STREET ADDRESS 17110 SW 39CT
 CITY-ST-ZIP Miramar FL 33027

TITLE VD
 NAME FIERRERA, MARIELA
 STREET ADDRESS 6100 NW 186 ST. SUITE 306
 CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE VD
 NAME Herrera Mariela ☒ Change ☐ Addition
 STREET ADDRESS 17110 SW 39CT
 CITY-ST-ZIP Miramar FL 33027

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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 #

CR2E034 (10/00)