

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90093 022 ***150.00

DOCUMENT # P97000088719

1. Entity Name

ZARAMA TRANSPORT AND TRADERS, CORP.

Principal Place of Business

Mailing Address

~~8345 HOGAN ROAD STE 148
JACKSONVILLE FL 32216~~

~~8345 HOGAN ROAD STE 148
JACKSONVILLE FL 32216-3149
US~~

2. Principal Place of Business

1241 OLD KINGS RD S.

3. Mailing Address

Suite, Apt. #, etc.

1055

Suite, Apt. #, etc.

City & State

JACKSONVILLE - FLORIDA

City & State

Zip

32217

Country

US

Zip

Country

6. Name and Address of Current Registered Agent

CHAMORRO, HERNAN E
11650 CANDEN RAOD
JACKSONVILLE FL 33226

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

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, 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 ☐ Delete
NAME D
STREET ADDRESS ZARAMA, MAURICIO
CITY-ST-ZIP 8020 EBELSON ROAD
JACKSONVILLE FL 33226

TITLE ☐ Delete
NAME D
STREET ADDRESS ZARAMA, ANDRES
CITY-ST-ZIP CALLE 17 NO 21 A 30
PASTO COLOMBIA

TITLE ☐ Delete
NAME D
STREET ADDRESS CHAMORRO, HERNAN E
CITY-ST-ZIP 11650 CANDEN ROAD
JACKSONVILLE FL 33226

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS ZARAMA, MAURICIO
CITY-ST-ZIP 1241 OLD KINGS RD S. N# 55.
JACKSONVILLE - FL. 32217.

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Zarama
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)