

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020838

1. Entity Name

ZANIMATION, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90043 022 \*\*\*150.00

Principal Place of Business

2655 LE JEUNE ROAD, STE. 1107  
CORAL GABLES FL 33134

Mailing Address

2655 LE JEUNE ROAD, STE. 1107  
CORAL GABLES FL 33134-5802

2. Principal Place of Business

6450 Collins Avenue

Suite, Apt. #, etc.

Penthouse One

City & State

Miami Beach, FL

Zip

33141

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0823594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MIR, HECTOR J

2655 LE JEUNE ROAD, STE. 1107  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Michael J. Roe

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

6450 Collins Avenue

Penthouse One

City

Miami Beach

FL

Zip Code  
33141

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 D  
NAME ROE, MICHAEL J  
STREET ADDRESS 1000 VENETIAN WAY, UNIT 806  
CITY-ST-ZIP MIAMI FL 33139 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D/P  
NAME ROE, MICHAEL J. ☒ Change ☐ Addition  
STREET ADDRESS 6450 Collins Ave., Penthouse 1  
CITY-ST-ZIP Miami Beach, FL 33141

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 addendum with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/00 705-865-8483

Date

Daytime Phone #

CR2E034 (9/99)