

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 998000026209

1. Entity Name
Zodiac Billing, Inc.

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90123 026 ***150.00

Principal Place of Business Mailing Address
15210 SW 48 Terrace PO Box 650976
Unit H miami, FL
miami, FL 33185 33265-0976

A0086725

2. Principal Place of Business 3. Mailing Address
15210 SW 48 Terrace 15210 SW 48 Terrace

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
miami, FL miami FL

Zip Country Zip Country
33185 USA 33185 USA

4. FEI Number Applied For
1050823400 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Eileen Jimenez-Linares
15210 SW 48 Terrace Unit H
miami, FL 33185

Name N/A
Street Address (P.O. Box Number is Not Acceptable) N/A
City N/A 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 Eileen J. Linares DATE 5/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME President
STREET ADDRESS Eileen Jimenez-Linares
CITY-ST-ZIP 15210 SW 48 Terr # H
miami, FL 33185

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Eileen J. Linares DATE 5/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

Attachment
#P9800002606
A008005

Zodiac Billing, Inc
P.O. BOX 650976
Miami, Fl. 33265-0976
305-221-1725 Office
305-551-8704 Fax

September 11, 2001

To whom this may concern,

I am Eileen Jimenez, the owner of Zodiac Billing, Inc. I am writing this letter to you because I would like for you to consider not penalizing my troubled company for the late fee of \$550.00. This past year I had a baby and that took a large toll on my small business. My husband is a firefighter and it was hard to get by, I only payed myself like 3 times in the past year, and it did not total \$3,000.00. My company is in debt, and this check that I am sending you is putting a strain on the office please consider if not, I will have to sacrifice my families food and clothing.

Sincerely,

Eileen J. Jimenez
Eileen Jimenez