

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90155 047 ***150.00

DOCUMENT #

P98000041539

1. Entity Name

ZALDAX CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10481 N. Kendall Dr

Suite, Apt. #, etc.

Suite D-201

City & State

Miami, Fl

Zip

33176

Country

3. Mailing Address

10481 N. Kendall Dr.

Suite, Apt. #, etc.

Suite D-201

City & State

Miami, Fl

Zip

33176

Country

4. FEI Number

65-0833943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ana Arguello

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

10481 N. Kendall Dr.

Suite D-201

City

Miami

FL

Zip Code

33176

**DO NOT WRITE
IN THIS SPACE**

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 fee 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
Arguello, Ana
8621 S.W. 93 Ct.
Miami, Fl 33173 P

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Zaldana, Oscar
8621 S.W. 93 Ct.
Miami, Fl 33173 D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Preuss-Kuehne Axel
177 Ocean Lane Drive #101
Key Biscayne, Fl 33149 D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2E034B (12/01)