

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**  
 02-26-2000 90009 001 \*\*\*150.00

DOCUMENT # P98000054578

1. Entity Name

ZET INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

~~777 NW 72ND AVE~~  
~~BB 90~~  
~~FL 33126~~

~~777 NW 72ND AVE~~  
~~1 BB 90~~  
~~MIAMI FL 33126-3009~~

00024200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7279 N.W 12 st

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number 65-0840429

Applied For  
 Not Applicable

Zip

33126

Country

Zip

Country

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

Name

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

City

FL

Zip Code

HORTA, EVELIO  
 7350 NW 7TH STREET  
 #107  
 MIAMI FL 33126

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

02-17-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PVD                      | <input type="checkbox"/> Delete |
| NAME           | HORTA, EVELIO            |                                 |
| STREET ADDRESS | 777 NW 72ND AVE # 188 90 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33126           |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

|                |                 |   |
|----------------|-----------------|---|
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                 |   |
| STREET ADDRESS | 7279 N.W 12 st. |   |
| CITY-ST-ZIP    |                 |   |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                 |   |
| STREET ADDRESS |                 |   |
| CITY-ST-ZIP    |                 |   |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                 |   |
| STREET ADDRESS |                 |   |
| CITY-ST-ZIP    |                 |   |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                 |   |
| STREET ADDRESS |                 |   |
| CITY-ST-ZIP    |                 |   |
| TITLE          |                 | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-17-00

Date

(305) 599-6244

Daytime Phone #

CR2E034 (9/99)