

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90360 020 ***150.00

DOCUMENT # P98000078091

1. Entity Name

ZUAREE (USA), INC.

Principal Place of Business

**525 F.D. ROOSEVELT AVE.
PLAZA LAS AMERICAS 2DO NIVEL
SAN JUAN PR 00918**

Mailing Address

**525 F.D. ROOSEVELT AVE.
PLAZA LAS AMERICAS 2DO NIVEL
SAN JUAN PR 00918**

2. Principal Place of Business

19575 Biscayne Blvd.

Suite, Apt. #, etc.

ADVENTURA MALL #503

City & State

MIAMI / FL

Zip **FL 33180**

Country **USA**

3. Mailing Address

19575 Biscayne Blvd.

Suite, Apt. #, etc.

ADVENTURA MALL #503

City & State

MIAMI, FL

Zip **33180**

Country **SAME**



DO NOT WRITE IN THIS SPACE

4. FEI Number

66-0556816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAW OFFICES OF CARLOS A. ROMERO, JR., P.A.
3195 PONCE DE LEON BLVD., STE. 400
CORAL GABLES FL 33134**

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, 2002 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** ☐ Delete
NAME **SEBA, JOHN**
STREET ADDRESS **P.O. BOX 194497 N/A**
CITY-ST-ZIP **SAN JUAN PR 00919-4497**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/02 / 01/09/02 / 305-792-6457

Date

Daytime Phone #

CR2E034 (9/01)