

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90045 036 ***150.00

DOCUMENT # P98000085818

1. Entity Name

ZUR, INC.

Principal Place of Business

**3399 PONCE DE LEON BLVD. #202
CORAL GABLES FL 33134**

Mailing Address

**3399 PONCE DE LEON BLVD. #202
CORAL GABLES FL 33134**

2. Principal Place of Business

**9553 Harding Ave
Suite, Apt. #, etc.
308**

3. Mailing Address

**P.O. Box 545867
Suite, Apt. #, etc.**

City & State

Surfside, FL.

City & State

Surfside, FL.

4. FEI Number

65-0868472

Applied For

Not Applicable

Zip

33154

Country

USA

Zip

33154

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BAUMBERGER, HANS

**3399 PONCE DE LEON BLVD. #202
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Hans Baumberger

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

9553 Harding Ave. Suite 308

City

Surfside

FL

Zip Code

33154

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 ☐ Delete
NAME **D BAUMBERGER, HANS**
STREET ADDRESS **3399 PONCE DE LEON BLVD. #202**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
NAME **D ALTIRRIBA, ROSA**
STREET ADDRESS **3399 PONCE DE LEON BLVD. #202**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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 ☒ Change ☐ Addition
NAME **Baumberger, Hans**
STREET ADDRESS **9553 Harding Ave Suite 308**
CITY-ST-ZIP **Surfside, FL. 33154**

TITLE ☒ Change ☐ Addition
NAME **Altirriba, Rosa**
STREET ADDRESS **9553 Harding Ave Suite 308**
CITY-ST-ZIP **Surfside, FL. 33154**

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/2002

Date

305-867-8970

Daytime Phone #

CR2E034 (9/01)