

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-16-2001 90099 034 ***150.00

DOCUMENT # P98000087715

1. Entity Name

ZUDAIRE ENTERPRISES, INC.

Principal Place of Business

2617 B NW 17TH LN.
POMPANO BCH FL 33064
US

Mailing Address

10254 NW 54TH PLACE
CORAL SPRINGS FL 33076

FESTIVAL FILE MARKET MAIL

Principal Place of Business

2900 W SAMPLE RD.

Mailing Address

10254 NW 54TH PLACE

Suite, Apt. #, etc.

3521

Suite, Apt. #, etc.

City & State

POMPANO BEACH.

City & State

CORAL SPRINGS

4. FEI Number

65-0869307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOPAZO, ANTONIO D

2617 B NW 17TH LANE

POMPANO BCH FL 33064

NEW ADDRESS
FESTIVAL FILE
2900 W SAMPLE RD
3521 TANGO TISHIRT.
POMPANO BEACH
FL. 33073

Name

TANGO TISHIRT

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

2900 W SAMPLE RD.

3521

City

POMPANO BEACH

FL

Zip Code

33073

7. Name and Address of New Registered Agent

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-2001

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

TITLE **PRESIDENT.** ☐ Delete
NAME **DOPAZO, ANTONIO**
STREET ADDRESS **2617 B NW 17TH LANE 2900 W SAMPLE RD**
CITY-ST-ZIP **POMPANO BEACH FL 33064 33073**

TITLE **PRESIDENT.** ☐ Delete
NAME **DOPAZO, ANTONIO**
STREET ADDRESS **2900 W SAMPLE RD.**
CITY-ST-ZIP **POMPANO BCH. FL. 33073**

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-2001

Date

954 925 896

Daytime Phone #

CR2034 (10/00)