2000 UNIFORM BUSI		RT (UBI	R)			ζ.		
DOCUMENT # P9 8000088325					.			
1. Entity Name				.5.5v t	FILED			
ZONE 2,000, INC.	e	•		મિયોડો	AETARY OF 3 ON OF CORPOR	· IAIL RATIO:		
		v		י טט	OCT 13 PM I			
Principal Place of Business 18000 NW 68 AVE Suite 316-A Miami, F1. 33015	Mailing Address 18000 PW 6 Miami Fl. 3	8 Ave Suit 33015	e 316#		10 13 PA 1	:04		
2. Principal Place of Business	3. Mailing Address 18000 NW 68 AVE							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State H.	City & State FI.			4. FEI Number Applied For Not Applicable				
Zip Country 33015 USA	Zip 33015	Country USA	5.	Certificate of Status I	Desired V	8.75 Addit ee Required		
6. Name and Address of Current I		Name	7.	Name and Address	of New Registered A	gent		
1100101				<u> </u>	rez			i
19351 NW 45 Ave	L		Box Number is Not Ad					
Opa Locka, Fl 330	35		000 NW 68 Ave Suite 316-A					! i
		City n	niami			² / ₃ 30	15	
8. The above named entire submits this statement for	the purpose of changing its			gent, or both, in the S				
SIGNATURE They to all	ng				10 - 1	1-00		1
Signature, typed or printed name of registered agent a	Consumer on August August Alexandra (Alexandra)	E: Registered Agent signa	Contract and American	reinstating)	DATE			
This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.	FILE NOW!	III FEE IS \$150 00 Fee will be \$		_10. Election Carr	paign Financing ontribution.	\$5.00 Added	D⊶May Be— to Fees	-
(See criteria on back)	Make Check Payab	ole to Departmen	it of State					
11. OFFICERS AND	DIRECTORS Delete	12. TITLE	TP	-	S TO OFFICERS AND	Change	Addition	(66/
MAME STREET ADDRESS CITY-ST-ZIP MIAMI FI. 33015		NAME STREET ADDRESS CITY-ST-ZIP	18000 h	W 68 Ave Su Fl. 33015	iet 316-A	/ \	<i>/</i> `	32E034 (9/99)
me USID	☐ Delete	TITLE	NSTD			Change	Addition	뚱
NAME Mayte Awarez Suret 316-A			Mayte	Alvarez w 68 Ave Su	uet 316-A	/ -	(
CITY-ST-ZIP Miami FL 33015		STREET ADDRESS CITY-ST-ZIP	miam	i F1. 33 015				
TITLE PSITIO	Velete	TITLE			ooada:	Change	Addition	
NAME FRANK SANTANA STREET ADDRESS 1401 HW 17 AUC #3	-	STREET ADDRESS	3.6	Mymi.	-10/24/00-	~~~~	-002	
CITY-ST-ZIP Miami FL. 33125		CITY-ST-ZIP	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.11 Ares	*****70.00	】 未来未来。 □ Change	#70.00 ☐ Addition	}
NAME AKISHWA Glaspee	Delete	NAME						
STREET ADDRESS 1461 NW-17 the #2 CITY-ST-ZIP Man Pl. 33125	•	STREET ADDRESS CITY-ST-ZIP						
TITLE PICTURE	☐ Delete	TITLE	-= -			Change	Addition	}
NAME STREET ADDRESS		NAME STREET ADDRESS		:	FW	10/10		
CITY-ST-ZIP		CITY-ST-ZIP	·			12/12		
TITLE NAME	☐ Delete	TITLE NAME	inde ?	pt (your .	٢	☐ Change	☐ Addition	
STREET ADDRESS	ल्या ६ ग	STREET ADDRESS		•				
CITY-ST-ZIP 13. I hereby certify that the information supplied with	this filing does not qualify fo	CITY-ST-ZIP or the exemption st	ated in Section	n 119.07(3)(i). Florida	Statutes. I further cert	tify that the in	formation	1
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or thistee empty changed, or on an attachment with an address.	s true and accurate and that r owered to execute this report	my signature snail : as required by Ch						
1 land	Mulia	7	ř	10	-11-00/	20 /87	3-88	1
SIGNATURE: SIGNATURE AND TYPED OR P	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	Cox	aytigue hone #		