

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000088325**1. Entity Name  
ZONE 2,000, INC.

## Principal Place of Business

18000 NW 68 AVE  
316-A  
MIAMI  
33015

FL

## Mailing Address

18000 NW 68 AVE  
316-A  
MIAMI  
33015

FL

## 2. Principal Place of Business

1401 N W 17 AVE

## 3. Mailing Address

1401 N W 17 AVE

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City &amp; State

MIAMI

FL

City &amp; State

MIAMI

FL

Zip

33125

Country

Zip

33125

Country

4. FEI Number

65-0870654

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

ALVAREZ MAYTE  
18000 NW 68 AVE  
316-A  
MIAMI  
33015

FL

## 7. Name and Address of New Registered Agent

Name

ALVAREZ MAYTE

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

1401 N W 17 AVE

2

City

MIAMI

FL

Zip Code  
33125

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)

04/27/2001

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, 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	D	<input type="checkbox"/> Delete
NAME	ALVAREZ MAYTE	
STREET ADDRESS	18000 NW 68 AVE SUITE 316-A	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	ALVAREZ MAYTE	
STREET ADDRESS	18000 NW 68 AVE SUITE 316-A	
CITY-ST-ZIP	MIAMI FL 33015	
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		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ MAYTE	
STREET ADDRESS	1401 N W 17 AVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ MAYTE	
STREET ADDRESS	1401 N W 17 AVE AVE	
CITY-ST-ZIP	MIAMI FL 33125	
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: ALVAREZ, MAYTE**

D

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)