2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am Secretary of State P98000103773 DOCUMENT # 1. Entity Name ZZYZZX CAPITAL, INC. 04-29-2002 90124 036 ***150 00 Principal Place of Business Mailing Address 7108 FAIRWAY DR 7108 FAIRWAY DR 130 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 HS 2. Principal Place of Business 3. Mailing Address 745 US Highway One 745 US Highway One Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Suite 209</u> <u>Suite 209</u> City & State City & State 4. FEI Number Applied For 65-0886242 Not Applicable North Palm Beach, North Palm \$8.75 Additional 5. Certificate of Status Desired 33408 U.<u>S.A</u> 33408 Fee Required 6._Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEITMEYER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7108 FAIRWAY DR 745 US Highway One #130 Suite 209 PALM BEACH GARDENS FL 33418 North Palm Beach FL ^{Zip,Code}08 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Richard A. Heitmeyer (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Addition President/Director/Sec. HEITMEYER, RICHARD A NAME NAME 7108 FAIRWAY DR #130 STREET ADDRESS 745 US Highway One - Suite 209 STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP North Palm Beach, FL 33408 TITLE TITLE Delete ☐ Addition ☐ Change JAUREGUI, CARMEN NAME NAME 7108 FAIRWAY DR #130 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to accurate an equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment

QUIRICHARD A. Heitmeyer SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

FILED