

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013854

1. Entity Name  
**ZIMAIR CORPORATION**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90146 023 \*\*\*150.00

Principal Place of Business

**10659 NE QUAYBRIDGE CT.  
MIAMI FL 33138**

Mailing Address

**10659 NE QUAYBRIDGE CT.  
MIAMI FL 33138**

2. Principal Place of Business

**2250 SW 3RD AVE -**

Suite, Apt. #, etc.

**SUITE 100**

City & State

**MIAMI, FL**

Zip

**33129**

Country

**Dade**

3. Mailing Address

**2250 SW 3RD AVE.**

Suite, Apt. #, etc.

**SUITE 100**

City & State

**MIAMI, FL**

Zip

**33129**

Country

**Dade**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0264115**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTANZO, SARINO R ESQ.  
10659 NE QUAYBRIDGE CT.  
MIAMI FL 33138**

Name

**EFERONSON, SIDNEY**

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

**2250 SW 3RD AVENUE - SUITE 100**

City

**MIAMI, FL**

FL

Zip Code

**33129**

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

*Sidney Eferonson*

**SIDNEY EFERONSON**

**JANUARY 5, 2001**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Delete  
NAME **COSTANZO, SARINO R**  
STREET ADDRESS **10659 NE QUAYBRIDGE CT.**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **PVPD** ☒ Change ☒ Addition  
NAME **ZIMERI, LUIS**  
STREET ADDRESS **3770 ESTEPONA AVE.**  
CITY-ST-ZIP **CORAL GABLES FL 33178**

TITLE **D** ☒ Delete  
NAME **COSTANZO, SARINO R**  
STREET ADDRESS **10659 NE QUAYBRIDGE CT.**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **STD** ☒ Change ☒ Addition  
NAME **EFERONSON, SIDNEY**  
STREET ADDRESS **2250 SW 3RD AVE. - STE 100**  
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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:

*Luis Zimeri*

**LUIS ZIMERI, President January 5, 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)