

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91167 004 \*\*\*150.00

**DOCUMENT #** P99000013854

**1. Entity Name**

ZIMAIR CORPORATION

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

10659 NE QUAYBRIDGE CT

Suite, Apt. #, etc.

THC5

City & State

MIAMI FL

Zip

33138

Country

USA

**3. Mailing Address**

10659 NE QUAYBRIDGE CT

Suite, Apt. #, etc.

THC5

City & State

MIAMI FL

Zip

33138

Country

USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

☒ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

SARINO R. COSTANZO

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

10659 NE QUAYBRIDGE CT (THC5)

City

MIAMI

FL

Zip Code

33138

**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)

April 29, 2002

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.**  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 PD  
NAME ZIMERI, LUIS, 3770 ESTEPONA  
STREET ADDRESS AVENUE, CORAL GABLES FL 33178  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SARINO R. COSTANZO April 29, 2002 (305)899-191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)