

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90102 037 ***150.00

DOCUMENT # P99000013854

1. Entity Name
ZIMAIR CORPORATION



Principal Place of Business 12515 N Kendall 10659 NE QUAYBRIDGE COURT
THC5 DR. SUITE 324
MIAMI FL 33138
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COSTANZO, SARINO R
10659 NE QUAYBRIDGE CT (THC5)
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name **COSTANZO, SARINO R.**
Street Address (P.O. Box Number is Not Acceptable)
12515 N Kendall Dr Suite 324
Suite 324
City **Miami** **FL** **Zip Code** **33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sarino R. Costanzo** **March 26, 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PVPD** ☐ Delete
NAME **ZIMERI, LOUIS**
STREET ADDRESS **3770 ESTEPONA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33178**

TITLE **STD** ☒ Delete
NAME **EFFRONSON, SIDNEY**
STREET ADDRESS **2250 S W 3RD AVE SUITE 100**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **STD**
STREET ADDRESS **COSTANZO, SARINO R.**
CITY-ST-ZIP **12515 N Kendall Dr - Suite 324**
Miami FL 33186

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED** **Louis Zimera** **March 26, 2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)