

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

DOCUMENT # P99000019230

1. Entity Name

ZOE AND ASSOCIATES INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR -9 AM 10:01

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1000 PONCE DE LEON BLVD

3. Mailing Address

1000 PONCE DE LEON BLVD

200015636652  
04/10/03--01014--011 \*\*600.00

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

SUITE 328

Suite, Apt. #, etc.

SUITE 328

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0901333

Applied For

Not Applicable

Zip  
33134

Country  
US

Zip  
33134

Country  
US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name ZOE GARCIA

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

1000 PONCE DE LEON BLVD SUITE 328

City CORAL GABLES

FL

Zip Code  
33134

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title & address.

(NOTE: Registered Agent signature required when re-registering)

4/4/03

DATE

January 1: May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State.

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

(PTD) ZOE GARCIA  
1000 PONCE DE LEON BLVD SUITE 328  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

(VSD) NANCY GARCIA  
1000 PONCE DE LEON BLVD SUITE 328  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with authority to be empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03

DATE

DAYTIME PHONE

CR2034B (12/02)

4/9/03  
aw

# ZOE AND ASSOCIATES INC.

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2000 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY



ZOE GARCIA  
PRESIDENT