

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021919

1. Entity Name

ZAM INTERNATIONAL CORP.

**FILED**  
May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90054 047 \*\*\*150.00

Principal Place of Business

Mailing Address

1230 W 54 ST STE A-105  
HIALEAH FL 33012

PO BOX 111036  
HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

7511 NW 73ST

P.O. BOX 111036

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#114

City & State

City & State

MIAMI, FL.

HIALEAH, FL.

Zip

Country

Zip

Country

33166

MIAMI DADE

33010



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0900533

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

ZAMORA, CARLOS JR  
1230 W 54 ST STE A-105  
HIALEAH FL 33012

Name

CARLOS ZAMORA JR.

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

7511 NW 73ST # 114

City

MIAMI

FL

Zip Code

33166

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)

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	D	<input type="checkbox"/> Delete
NAME	ZAMORA, CARLOS JR	
STREET ADDRESS	PO BX 111036 N/A	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 (305) 882 2840

CR2E034 (10/00)