

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 am  
Secretary of State

02-08-2000 90140 039 \*\*\*150.00

DOCUMENT # P99000023989

1. Entity Name

ZIG ZAG ENTERPRISES, INC.

Principal Place of Business

Mailing Address

9240 SUNSET DRIVE #230  
MIAMI FL 33173

9240 SUNSET DRIVE #230  
MIAMI FL 33173-3264

2. Principal Place of Business

2160 NW 27 AVE.

3. Mailing Address

9220 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0903451

Applied For

Not Applicable

Zip

33142

Country

US

Zip

33173

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORELL, ALEXANDER E  
9240 SUNSET DRIVE #230  
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

BORELL, ALEXANDER E.

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

9220 SUNSET DRIVE

SUITE: 201

City

MIAMI

FL

Zip Code

33173

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

ALEXANDER E. BORELL 1-31-2000

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, NURIS M	
STREET ADDRESS	9240 SUNSET DRIVE #230	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	<del>SD</del>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	EDITA CARMONA	
STREET ADDRESS	8420 SW 133 ROAD #114	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	RODRIGUEZ, NURIS M	
STREET ADDRESS	8420 SW 133 ROAD #114	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NURIS M. RODRIGUEZ 1/31/2000

Date

Daytime Phone #

305  
635-