

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90111 049 ***150.00

DOCUMENT # P99000035658

1. Entity Name
ZORIONAK, CORP.



Principal Place of Business
**2200 SW 16TH ST.
204
MIAMI FL 33145**

Mailing Address
**2200 SW 16TH ST.
204
MIAMI FL 33145**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2200 SW 16th Street

3. Mailing Address

Suite, Apt. #, etc.

204

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0911649**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FREITES, IVONNE
2200 SW 16TH ST.
204
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PVST			
	HUEBNER, HEINZ			
	2200 SW 16TH ST., #204			
	MIAMI FL 33145			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PS				
	Huebner, Heinz				
	2200 SW 16th St, #204				
	Miami FL 33145				
	V				
	Munoz R. Ana O.				
	2200 SW 16th St, #204				
	Miami FL 33145				
	T				
	Munoz R. Giselle E.				
	2200 SW 16th St, #204				
	Miami FL 33145				

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 addendum with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)