

# 2601 UNIFORM BUSINESS REPORT (UBR)

102 017759

DOCUMENT # P990000 39 189

1. Entity Name

ZAYSOM, INC.

Principal Place of Business

7730 S.W. 68 TERR.  
MIAMI FL 33143

Mailing Address

7730 S.W. 68 TERR.  
MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BALLESTAS ASSOCIATES, INC.  
7730 S.W. 68 TERR.  
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code LS

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)

800004425348--4

-06/18/01--01128--001

\*\*\*\*150.00

\*\*\*\*150.00

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 NAME DP SAUCHER, CALIXTO  
STREET ADDRESS 3937 W. FLAGLER #8-H  
CITY-ST-ZIP MIAMI, FL 3313X

TITLE NAME DVS RODRIGUEZ, BARBARA  
STREET ADDRESS 3937 W. FLAGLER ST. #8-H  
CITY-ST-ZIP MIAMI, FL 3313X

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE 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 if changed, or on an attachment with an address; who am other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 MAY 22 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE  
00-01 UBR

4. FEI Number

65-0921241

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

7/11/00 90001/037 \$ 150.00

4/10/01

Attachment 2062  
P99000039189

APRIL 30,2001

To Whom It May Concern:

WE WERE ADVICE BY YOUR OFFICE THAT THIS COMPANY WAS DISOLVED BECAUSE WE FAILED TO RETURN A REPORT WITH A FEDERAL ID NUMBER LAST YEAR. HOWEVER, WE NEVER RECEIVED YOUR REQUEST LETTER BUT OUR CHECK SENT WITH THE REPORT WAS CASHED.

WE ARE ENCLOSING THIS YEAR'S REPORT TOGETHER WITH A FEDERAL ID NUMBER-A A CHECK. KINDLY REINSTATE THE COMPANY FOR US.

THANK YOU IN ANTICIPATION OF YOUR COOPERATION WITH THIS MATTER.

  
CALIXTO SANCHEZ