

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State
 02-03-2000 90025 030 ***158.75

DOCUMENT # P99000063873

1. Entity Name

ZCOM, INC.

Principal Place of Business

Mailing Address

7430 MIAMI LAKES DR.
 E-310
 MIAMI LAKES FL 33014

7430 MIAMI LAKES DR.
 E-310
 MIAMI LAKES FL 33014-7807

2. Principal Place of Business

16055 NW 64th AVE.

3. Mailing Address

16055 NW 64th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

315

315

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.

4. FEI Number

65-0938356

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

PATEL, BURZIN
 7430 MIAMI LAKES DR.
 E-310
 MIAMI LAKES FL 33014

Name

PATEL, BURZIN

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

16055 NW 64th AVE.

315

City

MIAMI LAKES

FL

Zip Code

33014

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

Burzin J. Patel

BURZIN PATEL, PRESIDENT

1/24/2000

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, 2000 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 PSD ☐ Delete
 NAME PATEL, BURZIN
 STREET ADDRESS 7430 MIAMI LAKES DR. #E-310
 CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE PRESIDENT ☒ Change ☐ Addition
 NAME PATEL, BURZIN
 STREET ADDRESS 16055 NW 64th AVE., #315
 CITY-ST-ZIP MIAMI LAKES, FL-33014

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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, with all other like empowered.

SIGNATURE:

Burzin J. Patel BURZIN PATEL

1/24/2000

(305) 364-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)