

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

DOCUMENT # P99000072941

1. Entity Name

ZA & A Enterprises, Inc.

FILED

02 MAR -7 AM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4192 W 12th Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

4. FFI Number

65-0919975

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

33012

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Nancy P. Castillo

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

4192 W 12th Ave

City

Miami

FL

Zip Code

33012

**DO NOT WRITE
IN THIS SPACE**

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 Date if Applicable)

(MULTIPLE Registered Agent Signature Required when Applicable)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Nancy P. Castillo
4192 W 12th Ave
Miami, FL 33012

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

300005112683-4

-03/18/02--01031--027

***150.00 ***150.00

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE (Typed or Printed Name of Signing Officer or Director)

DATE

Daytime Phone