

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90055 050 ***158.75

DOCUMENT # P99000073555

1. Entity Name

ZUMOS, INC.

Principal Place of Business

Mailing Address

**15582 SW 137 PLACE
 MIAMI FL 33177**

**15582 SW 137 PLACE
 MIAMI FL 33177-1165**

2. Principal Place of Business

3. Mailing Address

10719 N.W. 58TH. STREET
 Suite, Apt. #, etc.

10719 N.W. 58TH. STREET
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

MIAMI, FLORIDA

MIAMI, FLORIDA

65-0941403

Not Applicable

Zip Country

Zip

Country

33178

USA

33178

USA

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

Name

**HERNANDEZ, ARNALDO J
 15582 SW 137 PLACE
 MIAMI FL 33177**

**HERNANDEZ, ARNALDO J.
 Street Address (P.O. Box Number is Not Acceptable)
 10739 N.W. 70 LANE**

City

MIAMI, FLORIDA

FL

Zip Code

33178

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)

01-24-00
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, ARNALDO J 15582 SW 137 PLACE MIAMI FL 33177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODRIGUEZ, RODRIGO 15582 SW 137 PLACE MIAMI FL 33177	<input checked="" type="checkbox"/> Delete xxx
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANDADO, ALEXANDRA 15582 SW 137 PLACE MIAMI FL 33177	<input checked="" type="checkbox"/> Delete xxx
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, ANA 15582 SW 137 PLACE MIAMI FL 33177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, ARNALDO, J. 10739 N.W. 70 LANE MIAMI, FLORIDA 33178	<input checked="" type="checkbox"/> Change xx	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA, ANA 10739 N.W. 70 LANE MIAMI, FLORIDA 33178	<input checked="" type="checkbox"/> Change xxxx	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-00

Date

305-513-4545

Daytime Phone #

CR2E034 (9/99)