

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073685

1. Entity Name

ZUMMA AND ASSOCIATES, CORP.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90080 009 ***150.00

Principal Place of Business

11138 S.W. 5TH STREET
SWEETWATER FL 33174

Mailing Address

11138 S.W. 5TH STREET
SWEETWATER FL 33174-1379

2. Principal Place of Business

11146 S.W. 5th St.
Suite, Apt. #, etc.

3. Mailing Address

11146 S.W. 5th St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sweetwater, FL

Zip

33174

Country

U.S.A.

City & State

Sweetwater, FL

Zip

33174

Country

U.S.A.

4. FEI Number

65-0941677

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLAN, JORGE M
8949 S.W. 5TH
MIAMI FL

7. Name and Address of New Registered Agent

Name Millan, Jorge M.

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

8949 N.W. 152 Lane

City Miami

FL

Zip Code 33018

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)

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE A	
STREET ADDRESS	11138 S.W. 5TH STREET	
CITY-ST-ZIP	SWEETWATER FL 33172	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MILLAN, JORGE M SR.	
STREET ADDRESS	8949 S.W. 152ND LANE	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ISABEL Z	
STREET ADDRESS	11138 S.W. 5TH STREET	
CITY-ST-ZIP	SWEETWATER FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Jose A.	
STREET ADDRESS	11146 S.W. 5th St.	
CITY-ST-ZIP	Sweetwater, FL 33172	
TITLE	V.P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Millan, Jorge M. Sr.	
STREET ADDRESS	8949 N.W. 152 Nd. Lane	
CITY-ST-ZIP	Miami, FL 33018	
TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Isabel Z.	
STREET ADDRESS	11146 S.W. 5th St	
CITY-ST-ZIP	Sweetwater, FL 33174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/2000 (305) 221-9817

CR2E034 (9/99)