

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 21, 2000 8:00 am  
Secretary of State

02-21-2000 90035 015 \*\*\*150.00

DOCUMENT # P99000080567

1. Entity Name

ZOOM SERVICE, INC.

Principal Place of Business

Mailing Address

N.E. 4TH COURT #3  
FL 33138

6750 N.E. 4TH COURT #3  
MIAMI FL 33138-5602

00023286

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

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

KURZWEIL, HOWARD E ESQ.  
2151 LE JEUNE ROAD, MEZZANINE  
CORAL GABLES FL 33134

Name

MAURICE BARRERA

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

6750 NE 4 CT., #3

City

MIAMI

FL

Zip Code

33138

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

2/9/00

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, 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 ☐ Delete  
NAME D  
STREET ADDRESS BARRERA, MAURICE  
CITY-ST-ZIP 1502 JEFFERSON AVENUE, #204  
MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition  
NAME BARRERA, MAURICE  
STREET ADDRESS 6750 NE 4 CT. #3  
CITY-ST-ZIP MIAMI, FL 33138

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BOWMAN, DANIEL  
CITY-ST-ZIP 1751 WASHINGTON AVE. #3E  
MIAMI BEACH FL 33139

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TAYLOR, WAYNE E  
CITY-ST-ZIP 445 N.E. 93RD STREET  
MIAMI SHORES FL 33138

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAURICE BARRERA 2/9/00 305-758-8481

CR2E034 (9/99)