## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # **P99000088975** May 10, 2000 8:00 am ZAP IMPORT & EXPORT CORP. Secretary of State 05-10-2000 90096 018 \*\*\*150.00 Principal Place of Business Mailing Address 8114 S.W. 81ST COURT 8114 S.W. 81ST COURT MIAMI FL 33143-6607 MIAMI FL 33143 2. Principal Place of Business 847 NE 995 3. Mailing Address SAME DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State *65-09538*36 MIAMI SHORES Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILSTEIN, RICHARD C ESQ. Street Address (P.O. Box Number is Not Acceptable) ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI FL 33131 Zip Code City 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 \_ (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D, P, S. Change ☐ Addition D,P,5. ☐ Defete TITLE TITLE ZAMORA, PABLOA ZÁMORA, PABLO A NAME NAME 847 ME 4418t STREET ADDRESS STREET ADDRESS 8114 S.W. 81ST COURT MIAMI, SHORES, FL 33/38 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** Change ☐ Addition ☐ Delete TITLE TITLE DEUSCHEL, HERBE 847 NE 995+ DEUSCHEL, HERB E NAME STREET ADDRESS STREET ADDRESS 8114 S.W. 81ST COURT MIAMI, SHOW, FL 33138 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.