

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # *P99000088975*

1. Entity Name

*ZAP Import + Export Corp.***FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90180 020 ***150.00

Principal Place of Business

347 NE 99th STREET
MIAMI FL 33138

Mailing Address

8114 SW 81st CT
*MIAMI FL 33143***A0065521**

2. Principal Place of Business

847 NE 99th STREET
Suite, Apt. #, etc.

3. Mailing Address

847 NE 99th STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI SHORES, FL

City & State

MIAMI SHORES, FL

4. FEI Number

65-0953836

Applied For

Not Applicable

Zip

33138

Country

MIAMI-DADE

Zip

33138

Country

*MIAMI-DADE*5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MILSTEIN, Richard C, Esq.
ONE SE 31st Ave, 28th Floor
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *DPS*
NAME *ZAMORA, PABLO A.*
STREET ADDRESS *847 NE 99th STREET*
CITY-ST-ZIP *MIAMI FL 33138* ☐ DeleteTITLE *DT*
NAME *DEUSCHEL, HERB E*
STREET ADDRESS *847 NE 99th STREET*
CITY-ST-ZIP *MIAMI FL 33138* ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Pablo Zamora*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*PABLO ZAMORA**4/27/01*

Date

305-477-1682

Daytime Phone #

CR2E034 (11/00)