

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097797

Entity Name
Z America Internet, Inc.

FILED
Aug 03, 2000 8:00 am
Secretary of State
08-03-2000 90092 021 ***158.75

Principal Place of Business
440 EAST SAMPLE RD.
Suite 203
PAND BEACH, FL 33064

Principal Place of Business
2905 NW 64th Ave
Suite, Apt. #, etc.
City & State
MARGATE FL
Zip
33063
Country
US

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-0959821
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPiegel + Utpera, PA
343 America Avenue
Coral Gables, FL 33134

7. Name and Address of New Registered Agent
Name
THOMAS R. RICKETTS
Street Address (P.O. Box Number is Not Applicable)
2905 NW 64th Avenue
City
MARGATE
FL
Zip Code
33063

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, typed or printed name of registered agent and title if applicable
THOMAS R. RICKETTS, Pres 7/19/00
(NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS	
PSD THOMAS R. RICKETTS 2905 NW 64 Ave MARGATE FL 33063	<input type="checkbox"/> Delete
JD JEFFERY HECTOR 2905 NW 64 Ave MARGATE FL 33063	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: THOMAS R. RICKETTS Pres 7/19/00 954-969 8486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #