## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

P99000102416 **DOCUMENT #** 

1. Entity Name

Z & Z TECHNOLOGIES, INC.



**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91320 008 \*\*\*150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE ZAMBRANO, CLAIRMAR 1314 WEST 80 STREET HIALEAH FL 38014  TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP							SO WE THE						
2. Principal Place of Business	1314 WEST 80	O STREET		1314 1	West 80 Street	•							
Sules, Apt. #, etc.  Sules, Apt. #, etc.  Sules, Apt. #, etc.  Sules, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Sity	HIALEAH FL-3	38014	<del>.</del>	HIALE	AH FL 38014								
City & State  City & State Desired  Since Address of New Registered Agant  Name  Sheet Address of New Registered Agant  Name  Sheet Address of New Registered Agant  Name  Sheet Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submiss this statement for the purpose of changing its registered digent, or both, in the State of Fordia. I am familiar with and accept the obligations of orgastered agant, or both, in the State of Fordia. I am familiar with and accept the obligations of orgastered agant, or both, in the State of Fordia. I am familiar with and accept the obligations of orgastered agant, or both, in the State of Fordia. I am familiar with and accept the obligations of orgastered agant, or both, in the State of Fordia. I am familiar with and accept the obligations of orgastered agant, or both, in the State of Fordia. I am familiar with and accept the obligations of orgastered agant, or both, in the State of Fordia. I am familiar with and accept the obligation of t	2. Principal P	Place of Busine	58	3. Mai	ling Address	<del></del>		-	1 10011001 110 10110 10111 <b>10</b> 111 0 <b>0</b> 11				
Zip Country Zip Country	Suite, Apt.	. #, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
Security	City & State			City	City & State			4. 1	4. FEI Number 65-0963149		<del></del>	<del></del>	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip Country			Zip		Cour	itry 5. Co		Certificate of Status Desired		\$8.75 AC	dditional	
Street Address (P.O. Box Number is Not Acceptable)		6. Name a	nd Address of Curr	ent Registere	d Agent			7. 1	Name and Address of New R	legistered A	gent		
Signature   Street Address (PO. Box Number's Not Acceptable)    City   FL   Zip Code							Name						
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, highest or primed name or registered agent and life if applicable. (MOTE Registered Agent signature required when remassing)   DATE					Street Address (P.O. Box Number is Not Acceptable)								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    FILE NOW!!   FEE IS \$150.00			•			•					_		
SIGNATURE    FILE NOW!!! FEE IS \$150.00   After May 1, 2003 Fee will be \$550.00   Make Check Payable to Florida Department of State   Addition   Addition													
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After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed or	printed name of registered a	gent and title if app	licable. (NOTE	: Registere	d Agent signature require	ed when re	einstating)	DATE			
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12. 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		<u> </u>											

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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

786-787-5551