

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90181 001 ***211.25

DOCUMENT # P99000111027

1. Entity Name

ZOOLOGICAL IMPORTS 2000, INC.

Principal Place of Business

9478 NW 13 ST.
 BAY 78
 MIAMI FL 33172

Mailing Address

9478 NW 13 ST.
 BAY 78
 MIAMI FL 33172

2. Principal Place of Business

16225 SW 172 Ave

3. Mailing Address

8758 SW 8 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33187

Country

USA

Zip

33174

Country

USA

4. FEI Number

65-0981258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TABRAUE, MARIO S
 2971 SW 19 TERRACE
 MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

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

16225 SW 172 Avenue

City

Miami

FL

Zip Code

33187

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TABRAVE, MARIOS 2971 SW 19TH TERRACE MIAMI FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TABRAE, MARIO G 2994 SW 19 TERR. MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TABRAVE, MARIA C 2971 SW 19TH TERRACE MIAMI FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TABRAUE, MARIO S. 16225 SW 172 Avenue Miami FL 33187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TABRAUE, MARIA C. 16225 SW 172 Avenue Miami FL 33187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Daytime Phone #

CR2E034 (9/01)