2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State
05-26-2000 90104 048 ***150.00

DOCUMENT # S02197

1. Entity Name
ZARABANDA PRODUCTION, INC
4400 ISLAND ROAD
BAY POINT, FL 33137

D00055816

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4400 ISALND RD BAY POINT, FL 33137	4400 ISLAND ROAD BAY POINT, FL 33137

2. Principal Place of Business	3. Mailing Address
	2742 BISCAYNE BLVD
Suite, Apt. #, etc.	Suite, Apt. # [illegible]
City & State	City & State MIAMI FL
Zip / Country	Zip 33137 / Country

4. FEI Number 65-0225527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COSME J. DE LA TORRIENTE P.A.
155 S.W. 25 RD
MIAMI, FL 33129

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILFREDO CHIRINO 4400 ISLAND RD BAY POINT, FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: X [signature] 4/27/2000