

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0278421 AV

DOCUMENT # **S16342**

1. Entity Name  
**MARIA A. ZALDUA, INC.**

04-11-2002 90066 008 \*\*\*150.00

Principal Place of Business  
**220 SW 134 AVE**  
**MIAMI FL 33184**

Mailing Address  
**220 SW 134 AVE**  
**MIAMI FL 33184**

*Please*  
*Change of address!*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**14348 S.W. 23 LANE**  
 Suite, Apt. #, etc. \_\_\_\_\_

3. Mailing Address  
**14348 S.W. 23 LANE**  
 Suite, Apt. #, etc. \_\_\_\_\_

City & State  
**MIAMI**

City & State  
**MIAMI**

Zip  
**33175-8036**

Country  
**DADE**

Zip  
**33175-8036**

Country  
**DADE**

4. FEI Number **NOT APPLICABLE** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**ZALDUA, MARIA A.**  
**220 SW 134 AVE**  
**MIAMI FL 33184**

*Change of address*

7. Name and Address of New Registered Agent  
 Name **MARIA A. ZALDUA**  
 Street Address (P.O. Box Number is Not Acceptable) **14348 SW 23 LANE**  
 City **MIAMI**  
 State **FL** Zip Code **33175-8036**

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 \_\_\_\_\_ (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	<b>PD</b> <b>ZALDUA, MARIA A.</b> <b>220 SW 134 AVE</b> <b>MIAMI FL</b> <i>14348 SW 23 LN.</i> <i>MIAMI, FL 33175-8036</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **4/2/02** (305) 221-7601  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)