

# 2002 UNIFORM BUSINESS REPORT (UBR)

0224726 AV

DOCUMENT # V31785

1. Entity Name  
ZPO INC.

Principal Place of Business  
4775 COLLINS AVENUE  
MIAMI BEACH FL 33140  
US

Mailing Address  
4775 COLLINS AVENUE  
MIAMI BEACH FL 33140  
US

2. Principal Place of Business  
4779 Collins Ave.

3. Mailing Address  
4779 Collins Ave.

Suite, Apt. #, etc.  
Suite 401

Suite, Apt. #, etc.  
Suite 401

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

Zip Country  
33140 USA

Zip Country  
33140 USA

DO NOT WRITE IN THIS SPACE

FEI Number 65-0329057

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent


SKRLD, INC.  
% HELIO DE LA TORRE, ESQUIRE  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES FL 33134

## 7. Name and Address of New Registered Agent

Name  
Intrastate Registered Agent Corporation  
Street Address (P.O. Box Number is Not Acceptable)  
701 Brickell Avenue, Suite 3000  
City Miami FL Zip Code 33131

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.

INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE  Steven H. Hagen, Vice President

5/9/02  
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 P  
NAME ATHAYDE, MUCIO  
STREET ADDRESS 4775 COLLINS AVE.  
CITY-ST-ZIP MIAMI BCH. FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

Date Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 570845 4144A

AUTHORIZATION :

*Patricia Pizeto*

COST LIMIT : \$ 550.00

ORDER DATE : May 8, 2002

ORDER TIME : 12:02 PM

ORDER NO. : 570845-005

CUSTOMER NO: 4144A

CUSTOMER: Rosa Maria Ancheta, Legal Asst  
Holland & Knight LLP  
Suite 3000  
701 Brickell Avenue  
Miami, FL 33131

RECEIVED  
02 MAY 10 PM 12:59  
DEPARTMENT OF STATE  
DIVISION OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: ZPO INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS