

2010 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47258

Entity Name

ZAPATA INNOVATIVE CLOSURES, INC.

APPROVED
AND
FILED

00 JAN 31 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business FOREST ROAD HUMBOLDT INDUSTRIAL PARK HAZLETON PA 18201 US		Mailing Address 2699 S. BAYSHORE DRIVE PENTHOUSE B COCONUT GROVE FL 33133-5428 US	
2. Principal Place of Business 2699 S. Bayshore Drive Suite, Apt. #, etc. Penthouse B City & State Coconut Grove, FL Zip 33133 Country US		3. Mailing Address 2699 S. Bayshore Drive Suite, Apt. #, etc. Penthouse B City & State Coconut Grove, FL Zip 33133 Country US	

4. FEI Number 65-0346249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAZDAY, SALOMON J 2699 S. BAYSHORE DR PENTHOUSE B COCONUT GROVE FL 33133		7. Name and Address of New Registered Agent Name Hammond, Cristina Street Address (P.O. Box Number is Not Acceptable) 2699 S. Bayshore Drive Penthouse B City Coconut Grove FL Zip Code 33133	
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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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1/24/00

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 State10. 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	S HAZDAY, SALMON JR 2699 S. BAYSHORE DRIVE, PENTHOUSE B COCONUT GROVE FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Hammond, Cristina <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2699 S. Bayshore Drive, Penthouse B Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAPATA-AKINCILAR, HERNAN <input type="checkbox"/> Delete 2699 S. BAYSHORE DR, PENTHOUSE B COCONUT GROVE FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO TORRES, RAYMOND <input checked="" type="checkbox"/> Delete 2699 S. BAYSHORE DRIVE, PENTHOUSE B COCONUT GROVE FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003121945--9 -02/03/00-01014-015 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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

(305) 856-8804

Date

Daytime Phone #

Hernan Zapata-Akincilar, Director