

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V47258**
1. Entity Name

ZAPATA INNOVATIVE CLOSURES

FILED

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business
**2699 S. BAYSHORE DRIVE
PH- R
COCONUT GROVE, FL 33133**

Mailing Address
**2699 S. BAYSHORE DRIVE
PH-B
COCONUT GROVE, FL 33133**

2. Principal Place of Business
**2699 SOUTH BAYSHORE DRIVE
Suite, Apt. #, etc.
PENTHOUSE-B
City & State
COCONUT GROVE, FL
Zip 33133 Country USA**

3. Mailing Address
**2699 SOUTH BAYSHORE DRIVE
Suite, Apt. #, etc.
PENTHOUSE - B
City & State
COCONUT GROVE, FL
Zip 33133 Country USA**

DO NOT WRITE IN THIS SPACE

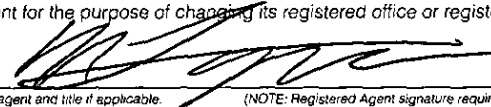
4. FEI Number
65-0346249

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

6. Name and Address of Current Registered Agent
**HAZDAY, SALOMON JR.
2699 SOUTH BAYSHORE DRIVE
PENTHOUSE - R
COCONUT GROVE, FL 33133**

7. Name and Address of New Registered Agent
Name
LAGUNA, MILAGROS
Street Address (P.O. Box Number is Not Acceptable)
2699 SOUTH BAYSHORE DRIVE, PH-B-201
City **COCONUT GROVE** FL Zip Code **33133**

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  DATE **6-26**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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	S Hazday, Salomon Jr. 2699 South Bayshore Drive, PH-B Coconut Grove, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Laguna, Milagros 2699 South Bayshore Drive, Penthouse -B Coconut Grove, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zapata-Akincilar, Hernan 2699 S. Bayshore Drive, PH-B Coconut Grove, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003271000-05/30/00-01139-001 ****211.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> 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:  **8/28/00 305-856-8804**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KE