

0004108

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010314
1. Entity Name
 T.L.Z. COM, LC

Principal Place of Business 10400 N.W. 33RD STREET, SUITE 110 MIAMI FL 33172	Mailing Address 10400 N.W. 33RD STREET, SUITE 110 MIAMI FL 33172
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	10400 NW 33 rd ST.
City & State	Suite 110 Miami FLORIDA
Zip	33172
Country	None

FILED
 01 SEP -4 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1039420	Applied For
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TABIB, ELIEZER
 10400 N.W. 33RD STREET, SUITE 110
 MIAMI FL 33172

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

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 26, 2001

200004597812--7
 -09/19/01--01013--017
 *****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME PRESIDENT ELIEZAR TABIB	<input type="checkbox"/> Delete
STREET ADDRESS 10400 NW 33 rd ST. Suite 110	
CITY-ST-ZIP MIAMI, FL 33172	
TITLE NAME LOUZON ROMEN	<input type="checkbox"/> Delete
STREET ADDRESS 10400 NW 33 rd ST. Suite 110	
CITY-ST-ZIP MIAMI, FL 33172	
TITLE NAME ZIGDON, IZACK	<input type="checkbox"/> Delete
STREET ADDRESS 10400 NW 33 rd ST. Suite 110	
CITY-ST-ZIP MIAMI, FL 33172	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Eliezar Tabib* **SIGNATURE REQUIRED** **8/30/01 305-471-9394**
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)