

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-06-2002 90188 004 ****50.00

DOCUMENT # L01000004364

1. Entity Name
ZERO CAVITY, LLC

Principal Place of Business 1000 9TH ST N STE 502 P.O. BOX 308 NAPLES FL 34106	Mailing Address 1000 9TH ST N STE 502 P.O. BOX 308 NAPLES FL 34106
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. P.O. Box 2391 City & State	3. Mailing Address Suite, Apt. #, etc. P.O. Box 2391 City & State
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4. FEI Number
59-3709436 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLCHER, MAX A
1000 9TH ST N STE 502
NAPLES FL 34102

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
President Gerardo Santiago 445 Parkview Ln Naples, FL 34103	<input type="checkbox"/>		<input type="checkbox"/>
Vice President Gerardo Santiago 445 Parkview Ln Naples, FL 34103	<input type="checkbox"/>		<input type="checkbox"/>
Secretary Gerardo Santiago 445 Parkview Ln Naples, FL 34103	<input type="checkbox"/>		<input type="checkbox"/>
Treasurer Gerardo Santiago 445 Parkview Ln Naples, FL 34103	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

CP2E083 (9/01)

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 appointed to operate the report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #