

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90085 013 ****50.00

DOCUMENT # L01000005607

1. Entity Name
Z & Z GROUP, L.L.C.

Principal Place of Business 2875 N.E. 191ST STREET TURNBERRY PLAZA, SUITE 801 AVENTURA FL 33180	Mailing Address 2875 N.E. 191ST STREET TURNBERRY PLAZA, SUITE 801 AVENTURA FL 33180
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6330 N.W. 72ND Ave.

3. Mailing Address

Suite, Apt. #, etc.
MIAMI, FLORIDA

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State

4. FEI Number 65-1094945	Applied For
	Not Applicable

Zip 33166	Country U.S.A.	Zip	Country
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SERBER & ASSOCIATES, P.A.
 2875 N.E. 191ST STREET
 TURNBERRY PLAZA, SUITE 801
 AVENTURA FL 33180**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	ZEMIN, RUBEN	2875 N.E. 191ST STREET	AVENTURA FL 33180	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: **RUBEN ZEMIN** 02/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)