

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017959

1. Entity Name

ZURBANO - CHRISTOPH LLC

Principal Place of Business

Mailing Address

% DR. NURY ZURBANO/CYPRESS VILLAGE PROF BG
7480 FAIRWAY DRIVE, SUITE 103
MIAMI LAKES FL 33014

% DR. NURY ZURBANO/CYPRESS VILLAGE PROF BG
7480 FAIRWAY DRIVE, SUITE 103
MIAMI LAKES FL 33014

86223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1148020

Applied For

Not Applicable

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

ZURBANO, NURY DR.
CYPRESS VILLAGE PROFESSIONAL BLDG
7480 FAIRWAY DRIVE, SUITE 103
MIAMI LAKES FL 33014

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

Signature, typed or printed name of registered agent and title if applicable.

(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	PRESIDENT	<input type="checkbox"/> Delete
NAME	NURY ZURBANO	
STREET ADDRESS	13930 LURAY Rd	
CITY-ST-ZIP	S.W. RANCHES FL 33330	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	VICTOR CHRISTOPH	
STREET ADDRESS	13930 LURAY Rd	
CITY-ST-ZIP	S.W. RANCHES, FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Nury Zurbano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

4-5-02

Date

305-5574381

Daytime Phone #

CR2E083 (9/01)