## **2001 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L9900004481													
ZZS PROPERTIES, L.C.									,				
								FILED					
Principal Place of Business Mailing Address									01 MAR 28	ΔH Ω	. 21		
2201 NORTHEAST 52ND STREET SUITE 205 LIGHTHOUSE POINT FL 33064				2201 NORTHEAST 52ND STREET SUITE 205 LIGHTHOUSE POINT FL 33064				-	SECRETARY			 184 (2011-108) 1884	
2. Principal Place of Business 3. Ma				. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State				City & State				4. FEIN				Applied For	
Zip Country		Zip		Cour	Country		5. Certit	65-0940309 ficate of Status Desired		55.00 A ee Requi		<u>'</u>	
6. Name and Address of Current F				ered Agent			7	7. Name	e and Address of New Regi		•	. <u>.</u>	_
						Name							7
QURESHI, ZAHID 2201 NORTHEAST 52ND STREET						Street A	ddress (P.C	dress (P.O. Box Number is Not Acceptable)					
LIGHTHOUSE POINT FL 33064													
						City		FL			Zip Code		7
8. The above	named entit	y submits this statement	for the pu	urpose of changing its	register	ed office o	r registered	agent, o	or both, in the State of Florida	3.	•		7
SIGNATURE .									. 9	3/2	No	1	
	Signature, typed	or printed name of registered age	nt and title if	applicable. (NOTE	Registere	d Agent signat	ure required whe	n reinstatir		DÂTE			$\dashv$
FILE NOW Make Check Paya								tate	1000039 -04/12/1 *****5	J1U	1008-	L — − 65 -024 *50.00	
9.		MANAGING MEM	BERS/M	EMBERS	10.				ADDITIONS/CH	ANGES			┪_
TITLE NAME	MGRM	· ZALIID		☐ Delete	TITLI NAM					ĺ	Change	Addition	F083 (11/00)
STREET ADDRESS CITY-ST-ZIP QURESHI, ZAHID 2201 NORTHEAST 52ND STREET						ET ADDRESS -ST-ZIP							8
TITLE	LIGHTHO	USE POINT FL 33064	· · ·	☐ Delete	TITLE						Change	Addition	⊼ ⊢
NAME					NAM	-					_	_	
STREET AODRESS City-St-Zip						ET ADDRESS -ST-ZIP							
TITLE				☐ Delete	TITLE					[	Change	☐ Addition	1
NAME Street address City-St-Zip						ET ADDRESS -ST-ZIP		,					•
TITLE :				☐ Delete	TITLE	-				[	Change	Addition	1
NAME	•				NAM							_	
STREET ADDRESS   CITY-ST-ZIP	E .					ET ADDRESS -ST-ZIP							
TLE	7.			☐ Delete	TITLE	i				[	Change	Addition	1
TREET ADDRESS	و کسک ته محصور				NAME ∵STRE	E et address_							
CITY-ST-ZIP					CITY-	-ST-ZIP					<u></u>	***** <u>-</u>	<u>-</u>
ITLE '				☐ Delete	TITLE					[	Change	☐ Addition	1
TREET ADDRESS					STREE	ET ADDRESS -ST-ZIP			·	il			
1. I hereby c	ertify that the	information supplied wit	th this filir	ng does not qualify for t	he exer	notion state	ed in Sectio	n 119.0	7(3)(i) Florida Statutes I furt	ber certify	that the	information	1
limited liab	on this repon bility compan	r is true and accurate and y or the receiver or truste	e empov	vered to execute this re	e same port as	required b	or as it made by Chapter 6	under 608, Flor	oath; that I am a managing ida Statutes.	member	or manag	er of the	13
SIGNAT		HATA							15/01 (95)	4) 4	20-	5 <sup>∴</sup> 83	1
	SIGNATURE A	ND TYPED OR PRINTED NAME	OF SIGNING	MANAGING MEMBER, MANA	GER, OR	AUTHORIZED	REPRESENTAT	IVE	Date	Dayti	me Phone #		;