

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -6 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006442

1. Entity Name

ZAF Properties, LLC

Principal Place of Business

200-A John Knox Road  
Tallahassee, FL 32303

Mailing Address

200-A John Knox Road  
Tallahassee, FL 32303

2. Principal Place of Business

303 Whitemarsh Valley RD

3. Mailing Address

c/o Rivka Barav

Suite, Apt. #, etc.

303 Whitemarsh Valley RD



DO NOT WRITE IN THIS SPACE

City & State  
Fort Washington, PA

City & State  
Fort Washington, PA

4. FEI Number

Applied For  
 Not Applicable

Zip  
19034

Country  
USA

Zip  
19034

Country  
USA

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIM Properties, Inc.  
200-A John Knox Road  
Tallahassee, FL 32303

7. Name and Address of New Registered Agent

Name William Wiener, C.P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
4310 Sheridan St., Suite 202  
City Hollywood, FL Zip Code 33021

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: William Wiener, C.P.A. DATE: 4/26/00

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

9. MANAGING MEMBERS/MEMBERS

TITLE Manager  Delete  
NAME Barav, Rivka  
STREET ADDRESS 303 Whitemarsh Valley RD  
CITY-ST-ZIP Fort Washington, PA 19034

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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 19.07(3)(f), 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: Rivka Barav Manager DATE: 9/04/910-2177

Signature and Title of Current Mailing Agent or Manager

Date Filed