

2001 UNIFORM BUSINESS REPORT (UBR)

0006386 AF

DOCUMENT # **A93000000996**

1. Entity Name

ZID, LTD.

Principal Place of Business

**3323 WEST COMMERCIAL BLVD., SUITE 200
FT. LAUDERDALE FL 33309**

Mailing Address

**3323 WEST COMMERCIAL BLVD., SUITE 200
FT. LAUDERDALE FL 33309**

FILED

01 MAR 26 PM 1:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11901 SW 3rd Street

Suite, Apt. #, etc.

3. Mailing Address

11901 SW 3rd Street

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation, FL

4. FEI Number

65-0442933

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

33325

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LITTLE, SHIRLEY

951 S. ANDREWS AVE

POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

Michele Appelblatt

Street Address (P.O. Box Number is Not Acceptable)

11901 SW 3rd Street

City

Plantation,

FL

Zip Code

33325

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 **Michele Appelblatt**

Michele Appelblatt

3/1/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$160,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**WALLICK, GREGG E
951 S. ANDREWS AVE.
POMANO BCH. FL**

STREET ADDRESS

CITY-ST-ZIP

11901 SW 3rd Street

Plantation, FL 33325

DOCUMENT #

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/20/01 (954) 401-2048

Date

Daytime Phone #

CR2E003 (11/00)