

2002 UNIFORM BUSINESS REPORT (UBR)

0011221 AT

DOCUMENT # **A93000000996**

1. Entity Name

ZID, LTD.

FILED

02 APR -9 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**11901 S.W. 3RD STREET
PLANTATION FL 33325**

Mailing Address

**11901 S.W. 3RD STREET
PLANTATION FL 33325**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0442933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**APPELBLATT, MICHELE
11901 S.W. 3RD STREET
PLANTATION FL 33325**

7. Name and Address of New Registered Agent

Name

HRT Realty Services LLC

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

1801 Clint Moore Road

Suite, Apt. #, etc.

Suite 104

City

Boca Raton

FL

Zip Code

33487

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

DATE

9. Capital Contributions
as Shown on record.

\$160,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1120-526.25

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 # **P95000011841**
NAME **ZID, INC.**
STREET ADDRESS **11901 S.W. 3RD STREET**
CITY-ST-ZIP **PLANTATION FL 33325**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500005258155--5
04/12/02 01085-805
*****526.25 ***526.25**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)