

2002 UNIFORM BUSINESS REPORT (UBR)

UNIFORM UBR

DOCUMENT # A98000000740

1. Entity Name

ADZIN, LTD.

FILED
02 APR 30 PM 4: 22
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

**1400 NW 107TH AVENUE
 MIAMI FL 33172-2704**

Mailing Address

**1400 NW 107TH AVENUE
 MIAMI FL 33172-2704**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0822666

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, JOEL

**1400 NW 107TH AVENUE
 MIAMI FL 33172**

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.

DATE

9. Capital Contributions
 as Shown on record.

\$1,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	P98000026401
NAME	ADZIN, INC.
STREET ADDRESS	1400 NW 107TH AVENUE
CITY-ST-ZIP	MIAMI FL 33172-2704
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Joel Levy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

EVP of G.P.

4/29/02

305-392-4050

Date Daytime Phone #

CR2E003 (9/01)