

2001 UNIFORM BUSINESS REPORT (UBR)

0001397 AF

DOCUMENT # L00000000747

1. Entity Name

ZADI, LLC

FILED

01 APR -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1633 BROADWAY 33RD FLOOR
NEW YORK NY 10019

Mailing Address

1633 BROADWAY 33RD FLOOR
NEW YORK NY 10019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3869 NW ROYAL OAK DR

Suite, Apt. #, etc.

City & State

TOWSON BEACH, FL

Zip

Country

34957 USA

3. Mailing Address

3869 NW ROYAL OAK DR

Suite, Apt. #, etc.

City & State

TOWSON BEACH, FL

Zip

Country

34957 USA

4. FEI Number

59-3619557

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC.
777 SOUTH FLAGLER DRIVE
SUITE 500E
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Geoffrey I. McKelvey

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

3869 NW ROYAL OAK DR.

City

TOWSON BEACH

FL

Zip Code

34957

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Geoffrey I. McKelvey

3/30/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Member
STREET ADDRESS	Geoffrey I. McKelvey
CITY-ST-ZIP	3869 NW ROYAL OAK DR TOWSON BEACH, FL 34957
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE

3/30/01

CR2E083 (11/00)