

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90061 014 \*\*\*\*50.00

**DOCUMENT # L00000001305**

1. Entity Name  
**ZOWIE USA, L.L.C.**

Principal Place of Business  
**12555 ORANGE DR., SUITE 274**  
**DAVIE FL 33330**

Mailing Address  
**12717 W SUNRISE BLVD., #201**  
**SUNRISE FL 33323**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**12565 Orange Dr.**

Suite, Apt. #, etc.

**Suite 402**

City & State

**Davie, FL**

Zip  
**33330**

Country

**USA**

Zip

Country

4. FEI Number **65-0982428**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE PONCE, INGRID C**  
**12555 ORANGE DR., SUITE 274**  
**DAVIE FL 33330**

Name **Ingrid Corzo-Ponce**

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

**12565 Orange Dr.**

**Suite 402**

City **Davie**

**FL**

Zip Code

**33330**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME **MGRM**  
 STREET ADDRESS **PONCE G, JESUS ARMANDO**  
 CITY-ST-ZIP **12555 ORANGE DR., #274**  
**DAVIE FL 33330**

☐ Delete

TITLE  
 NAME **MGRM**  
 STREET ADDRESS **Ponce G., Jesus Armando**  
 CITY-ST-ZIP **12565 Orange Dr. # 402**  
**Davie, FL 33330**

☒ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME **MGRM**  
 STREET ADDRESS **Corzo-Ponce, Ingrid**  
 CITY-ST-ZIP **12565 Orange Dr. # 402**  
**Davie, FL 33330**

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
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☐ Change

☐ Addition

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:

**REQUIRED**

**August 29<sup>th</sup>, 2002 (954) 7708335**

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

Date

Daytime Phone #

CR2E083 (4/02)