

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90587 013 ****50.00

0055750

DOCUMENT # L00000001305

1. Entity Name

ZOWIE USA, L.L.C.



Principal Place of Business

12565 ORANGE DR
SUITE 402
DAVIE FL 33330

Mailing Address

12717 W SUNRISE BLVD., #201
SUNRISE FL 33323

2. Principal Place of Business

12717 W Sunrise Blvd.

3. Mailing Address

Suite, Apt. #, etc.

201

City & State

Sunrise, FL

Zip

33323

Country

USA

Country

4. FEI Number

65-0982428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORZO-PONCE, INGRID
12565 ORANGE DR
SUITE 402
DAVIE FL 33330

7. Name and Address of New Registered Agent

Name

(Same)

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

**12717 W
Sunrise Blvd. #201
City Sunrise FL Zip Code 33323**

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 **Ingrid Corzo-Ponce MGRM**

April 28, 2003

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PONCE G, JESUS ARMANDO**
STREET ADDRESS **12565 ORANGE DR #402**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE **MGRM** ☐ Delete
NAME **CORZO-PONCE, INGRID**
STREET ADDRESS **12565 ORANGE DR #402**
CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☐ Addition
NAME **Ponce G. Jesus Armando**
STREET ADDRESS **12717 W Sunrise Blvd. #201**
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Corzo-Ponce, Ingrid**
STREET ADDRESS **12717 W Sunrise Blvd. #201**
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E083 (10/02)