

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90063 016 ****55.00

DOCUMENT # L00000007743

1. Entity Name

ZS PROPERTIES, L.C.

Principal Place of Business

**551 N.W. 77TH STREET, SUITE 109
 BOCA RATON FL 33487**

Mailing Address

**551 N.W. 77TH STREET, SUITE 109
 BOCA RATON FL 33487**

2. Principal Place of Business

7806 Charney lane
 Suite, Apt. #, etc.

3. Mailing Address

7806 Charney lane
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

Zip
33496 Country
Palm Beach

City & State
Boca Raton, FL

Zip
33496 Country
Palm Beach

4. FEI Number **65-1020897**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SUSI, SAMUEL
 551 N.W. 77TH STREET, SUITE 109
 BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name **Susi, Samuel**
 Street Address (P.O. Box Number is Not Acceptable)
7806 Charney lane
 City **Boca Raton** FL **33496**

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 **2/11/02**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **SUSI, SAMUEL**
 STREET ADDRESS **551 N.W. 77TH STREET, SUITE 109**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7806 Charney lane**
 CITY-ST-ZIP **Boca Raton, FL 33496**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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 REQUIRED

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

2/4/02 **(561)997-2700**

Date Daytime Phone #

CR2E083 (9/01)