

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000013054**

1. Entity Name

MARTA ZANI, LLC

FILED

01 MAY -2 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3120 Collins Ave Apt # 608?
Miami Beach, FL 33140

2. Principal Place of Business

3. Mailing Address

6969 Collins Ave

6969 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

912

912

City & State

City & State

MIAMI BEACH, FL

MIAMI BEACH, FL

Zip

Country

Zip

Country

33141

USA

33141

USA

4. FEI Number

65-10 48642

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SILVINA ASURMENDI
6969 Collins Ave Apt # 608
Miami Beach, FL 33141

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	CHIEF EXECUTIVE MEMBER	<input type="checkbox"/> Delete
NAME	SILVINA ASURMENDI	
STREET ADDRESS	6969 Collins Ave #912	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	Designer (member)	<input type="checkbox"/> Delete
NAME	MARTA ZANI	
STREET ADDRESS	AV SAN MARTIN 776	
CITY-ST-ZIP	BERNAL, BS. AIRES, ARGENTINA (1876)	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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*******50.00 *****50.00***

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:

SILVINA ASURMENDI, CEM 04/30/01

(305) 606 4571

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

Date

Daytime Phone #

CR2E083 (11/00)