

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90275 007 ****50.00

DOCUMENT # L00000013084

1. Entity Name

MARTA-ZANI COMPANY, L.L.C.

Principal Place of Business

**6969 COLLINS AVE., #912
 MIAMI BEACH FL 33141**

Mailing Address

**6969 COLLINS AVE., #912
 MIAMI BEACH FL 33141**

2. Principal Place of Business

2889 McFarlane Rd.

3. Mailing Address

137 Melden St.

Suite, Apt. #, etc.

1515

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

City & State

Melden, MA

Zip

33133

Country

USA

Zip

02148

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ASURMENDI, SILVINA N
 6969 COLLINS AVE., APT #608
 MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name **Silvinz N. Asurmendi**

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

2889 McFarlane Rd Suite # 1515

City **Coconut Grove**

FL

Zip Code

33133

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **ASURMENDI, SILVINA N**
 STREET ADDRESS **6969 COLLINS AVE., #912**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

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

TITLE ☐ Delete
 NAME
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 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:

Silvinz N. Asurmendi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/30/02
 Date

**(786) 412 8130
 (617) 480 5953**
 Daytime Phone #

CR2E083 (9/01)