

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014975

1. Entity Name

SZ PETROLEUM COMPANIES, L.L.C.

Principal Place of Business

FILED
JUN 22 AM 11:42
MAILING ADDRESS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2600 Island Blvd

3. Mailing Address

2600 Island Blvd.

Suite, Apt. #, etc.

2401

Suite, Apt. #, etc.

2401

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

651070038

☒ 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

Name

Steven Deutsch

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

c/o Frank, Weinberg & Black P.L.

7805 S.W. 6th Court

City

Plantation

FL

Zip Code

33324

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

Member
Stanley Zinn
2600 Island Blvd #2401
Aventura, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

MEMBER
RONIT ZINN
11500 NW 8th STR
PLANTATION FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

MEMBER
DAVID ZINN
5701 S.W. 88TH TERRACE
COOPER CITY FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

100004452371--9

06/29/01--01097--011

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

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

Date

Daytime Phone #

CR2E083 (11/00)