

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90020 048 \*\*\*\*50.00

**DOCUMENT # L01000001538**

1. Entity Name

**SOUTH FLORIDA EQUITY GROUP, L.L.C.**

Principal Place of Business

2500 N.W. 79 AVE.  
 SUITE 207  
 MIAMI FL 33122

Mailing Address

2500 N.W. 79 AVE.  
 SUITE 207  
 MIAMI FL 33122

2. Principal Place of Business

3. Mailing Address

**640 Isle of PALMS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Fort Lauderdale FL**

Zip

Country

Zip **33301**

Country

**USA**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GRUENINGER AND PUJOL PA**  
**3191 CORAL WAY SUITE 1005**  
**MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Zachary Zurich**

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

**640 Isle of PALMS**

City **Fort Lauderdale**

FL

Zip Code **33301**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**Manager - member**  
**ZACHARY ZURICH**  
**640 Isle of PALMS**  
**Fort Lauderdale FL 33301**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**MANAGER - member**  
**ANTHONY DE ROSA**  
**2500 NW 79th AVE Suite 207**  
**Miami FL 33122**

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

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

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

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 REQUIRED**  
**ZACHARY ZURICH**

Date

Daytime Phone #

**1/9/02 9547634503**

CR2E083 (9/01)