

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90047 011 ****55.00

DOCUMENT # L01000002367

1. Entity Name

ZMC LLC

Principal Place of Business

**2501 NORTHWEST 29TH DR.
 BOCA RATON FL 33434**

Mailing Address

**2501 NORTHWEST 29TH DR.
 BOCA RATON FL 33434**

2. Principal Place of Business

2501 NORTHWEST 29TH DR.
 Suite, Apt. #, etc.

3. Mailing Address

2501 NORTHWEST 29TH DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

Zip
33434

Country

City & State

BOCA RATON FL

Zip
33434

Country

4. FEI Number

65-1075-635

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
 Fees Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
**MGR
 DIAZ, TEODULO
 2501 NORTHWEST 29TH DR.
 BOCA RATON FL 33434** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 DIAZ, NARCIZA
 2501 NORTHWEST 29TH DR.
 BOCA RATON FL 33434** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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10. ADDITIONS / CHANGES

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

TITLE
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 CITY-ST-ZIP
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☐ 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:

Narciza Diaz
SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)

0033715