

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90050 029 \*\*\*\*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 29 DR**

3. Mailing Address

**2501 NW 29 DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON FL**

City & State

**BOCA RATON FL**

Zip

Country

**334 34**

Zip

Country

**334-34**

4. FEI Number

**65-1075635**

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

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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  
☐ Change ☐ Addition

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  
☐ Change ☐ Addition

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

Date **1/27/03**

Daytime Phone #

CR2E083 (10/02)