

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90054 008 \*\*\*\*50.00

**DOCUMENT # L01000002426**

1. Entity Name

**Z.GRAND, L.C.**

Principal Place of Business

951 NW 35TH CT  
 FT LAUDERDALE FL 33309

Mailing Address

951 NW 35TH CT  
 FT LAUDERDALE FL 33309

2. Principal Place of Business

Suite, Apt. #, etc.

**3799 Hallandale Beach**

City & State

**Hallandale**

Zip

**33009**

Country

**Broward**

3. Mailing Address

Suite, Apt. #, etc.

**Same**

City & State

**Same**

Zip

**33009**

Country

**FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1082440**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional Fee Required

8. Name and Address of Current Registered Agent

**DOBBINS, B. ALAN III**  
**2601 E OAKLAND PARK BLVD**  
**#400**  
**FT LAUDERDALE FL 33306**

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 reappointing)

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	<b>MGRM ZACHARIN, SHMUEL 951 NW 35TH CT FT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ZACHARIN, EDAN 951 NW 35TH CT FT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ZACHARIN, DORON 951 NW 35TH CT FT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ZACHARIN, SARA 951 NW 35TH CT FT LAUDERDALE FL 33309</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Sara Zacharin**

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

**4-3-02 954-561-1102**

Date

Daytime Phone #

CR2E083 (9/01)