

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90165 011 ****50.00

DOCUMENT # LD1000003640

1. Entity Name

C.Z. INVESTMENTS L.L.C.

DO NOT WRITE IN THIS SPACE

943842

2. Principal Place of Business

400 Surfside Boulevard

Suite, Apt. #, etc.

3. Mailing Address

400 Surfside Boulevard

Suite, Apt. #, etc.

City & State
Surfside, Florida

Zip **33154**

Country **USA**

City & State
Surfside, Florida

Zip **33154**

Country **USA**

4. FEI Number

65-1087287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Kenneth F. Darrow, Esq.

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

9400 South Dadeland Boulevard

Penthouse 5

City

Miami

FL

Zip Code

33156

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 date if applicable.

4/17/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Managing Member
Lucia Camacho Zaffaroni
400 Surfside Boulevard
Surfside, Florida 33154**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Managing Member
Fernando A. Calvento
400 Surfside Boulevard
Surfside, Florida 33154**

TITLE
NAME
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CITY - ST - ZIP

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CR2E083B (12/01)

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

4/17/02

305

528-5238

Daytime Phone: #