

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90074 020 \*\*\*\*50.00

0010539

**DOCUMENT # L01000012651**

1. Entity Name  
**ZAHBO DADELAND L.L.C.**

Principal Place of Business

**7501 DADELAND MALL FC=9  
 MIAMI FL 33156**

Mailing Address

**7501 DADELAND MALL FC=9  
 MIAMI FL 33156**

000401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**651128536**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ZAHROUR, JOSE  
 7501 DADELAND MALL FC=9  
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **JOSEPH T. HEJAZI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7501 DADELAND MALL FC-9**  
 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME **JOSEPH T. HEJAZI** Member  Delete  
 STREET ADDRESS **7501 DADELAND MALL FC-9**  
 CITY-ST-ZIP **MIAMI FL 33156 (MANAGER)**

TITLE NAME **LUIS BOSCHETTI** Member  Delete  
 STREET ADDRESS **7501 DADELAND MALL FC-9**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*[Handwritten Signature]*

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

Date

Daytime Phone #

**05-20/02 305-669-1919**

CR2E083 (9/01)