

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90019 042 ****50.00

DOCUMENT # L01000012651

1. Entity Name

ZAHBO DADELAND L.L.C.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1128536**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HEJAZI, JOSEPH T
7501 DADELAND MALL FC-9
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name

ELI POLER

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

12260 SW 123 PASSAGE

City

MIAMI

FL

Zip Code

33186

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

ELI POLER - **ELI POLER**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/03 786-4438403

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **HEJAZI, JOSEPH T**
STREET ADDRESS **7501 DADELAND MALL FC-9**
CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MANAGER** ☐ Change ☒ Addition
NAME **ELI POLER**
STREET ADDRESS **12260 SW 123 PASSAGE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **Member** ☐ Change ☒ Addition
NAME **ELI POLER**
STREET ADDRESS **7501 Dadeland Mall FC-9 Miami FL**
CITY-ST-ZIP **33156**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

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

ELI POLER **ELI POLER**

7/10/03

Date

786-443-8403

Daytime Phone #

CR2E083 (4/03)