

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90119 033 \*\*\*\*50.00

**DOCUMENT # L01000013053**

1. Entity Name  
**ZAK WEST PROPERTIES, LLC**



Principal Place of Business

**10394 LAKE VISTA CIRCLE  
BOCA RATON FL 33498**

Mailing Address

**10394 LAKE VISTA CIRCLE  
BOCA RATON FL 33498**

2. Principal Place of Business

**19633 STAR ISLAND DRIVE**

3. Mailing Address

**19633 STAR ISLAND DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON, FLORIDA**

City & State

**BOCA RATON, FLORIDA**

Zip

**33498**

Country

**USA**

Zip

**33498**

Country

**USA**

4. FEI Number **65-1127749**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**

**1840 SOUTHWEST 22 STREET, 4TH FLOOR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

**ZAK WEST**

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

**19633 STAR ISLAND DRIVE**

City

**BOCA RATON**

**FL**

Zip Code

**33498**

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 **Zak West ZAK WEST MANAGER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/17/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **WEST, ZAK**  
STREET ADDRESS **10394 LAKE VISTA CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **19633 STAR ISLAND DRIVE**  
CITY-ST-ZIP **BOCA RATON, FLORIDA 33498**

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

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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: **Zak West ZAK WEST MANAGER**

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

**4/17/03**

Date

**561-306-9378**

Daytime Phone #

CR2E083 (10/02)