

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2002 90053 029 \*\*\*\*50.00

**DOCUMENT # L01000013913**

1. Entity Name  
**ZETADUE INDUSTRIES, LLC**

Principal Place of Business  
**9900 STIRLING ROAD, SUITE 222**  
**HOLLYWOOD FL 33024**

Mailing Address  
**9900 STIRLING ROAD, SUITE 222**  
**HOLLYWOOD FL 33024**

**B0102672**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**715 BACON POINTS**  
 Suite, Apt. #, etc.  
**35**

3. Mailing Address  
**715 BACON POINTS**  
 Suite, Apt. #, etc.  
**35**

City & State  
**PAHOKEE, FL**

City & State  
**PAHOKEE, FL**

4. FEI Number  
**65-1130912**

Applied For  
 Not Applicable

Zip  
**33476** Country  
**USA**

Zip  
**33476** Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

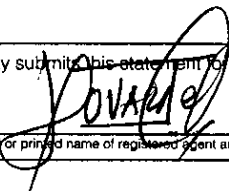
**6. Name and Address of Current Registered Agent**

**TOVAR, JOSE G**  
**ARIAS TOVAR & ASSOCIATES, P.A.**  
**9900 STIRLING ROAD, SUITE 222**  
**HOLLYWOOD FL 33024**

**7. Name and Address of New Registered Agent**

Name  
**TOVAR DEL CORRAL, JOSE G. %**  
 Street Address (P.O. Box Number is Not Acceptable)  
**ARIAS TOVAR & ASSOCIATES, P.A.**  
**8180 NW 36 ST, SUITE 100**  
 City **MIAMI** FL Zip Code **33166**

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.

**JOSE G. TOVAR**  
 (NOTE: Registered Agent signature required when reinstating)

**29 APR 02**  
 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>MGR</b> <b>TRIMARCHI, GIANCARLO</b> <b>715 BACON POINTS #35</b> <b>PAHOKEE FL 33476</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MENDEZ, LUIS A</b> <b>715 BACON POINTS #35</b> <b>PAHOKEE FL 33149</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>CATALA, ELBA T</b> <b>185 SE, 14TH TERRACE, APT. 1606</b> <b>MIAMI FL 33131</b>	<input checked="" 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
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
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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:  SIGNATURE REQUIRED **MGR GIANCARLO TRIMARCHI** **29 APR 02** **(761) 924-2070**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0030104  
 CR2E083 (9/01)