

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014281

1. Entity Name

ZAIMAN INVESTMENT GROUP, L.L.C.

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90050 046 *****55.00

Principal Place of Business

5270 N STATE RD 7
TAMARAC FL 33319

Mailing Address

800 CRESTVIEW CIR
WESTON FL 33327

909054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1802 NW 38th Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Zip

Country

33311

Broward.

Country

Country

4. FEI Number

65-1131002

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SLUTSKY, STUART M
2500 WESTON RD
SUITE 220
WESTON FL 33331

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MRG
ZAIMAN, GHERSON
800 CRESTVIEW CIR
WESTON FL 33327

☐ Delete

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

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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

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

Date

Daytime Phone #

954-735-0721

CR2E083 (9/01)