

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90074 006 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L01000019796**

1. Entity Name

ZENITH MARKETING GROUP, LLC

Principal Place of Business

16650 VAN GOGH ROAD  
LOXAHATCHEE FL 33470

Mailing Address

16650 VAN GOGH ROAD  
LOXAHATCHEE FL 33470

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PMB 107

Suite, Apt. #, etc.

1128 Royal Palm Beach Blvd.

City &amp; State

City &amp; State

Royal Palm Beach, FL

Zip

Country

Zip

33411

Country

USA

4. FEI Number

26-0033313

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SILVERMAN, MITCH  
15755 EDGEFIELD ROAD  
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE ☐ Delete  
 NAME Managing Director  
 STREET ADDRESS Mitch Silverman  
 CITY-ST-ZIP PMB 107, 1128 Royal Palm Beach Blvd  
 Royal Palm Beach, FL 33411

TITLE ☐ Delete  
 NAME President  
 STREET ADDRESS Gary Stern  
 CITY-ST-ZIP PMB 107, 1128 Royal Palm Beach Blvd.  
 Royal Palm Beach, FL 33411

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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)(l), 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

Date

Daytime Phone #

*Mitch Silverman* Managing Director 3/27/02 561-753.6160

CR2E083 (9/01)