

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90028 001 ****50.00
01-25-2002 90028 002 *****5.00

DOCUMENT # L01000019844

1. Entity Name

ZOPPINI, L.L.C.

Principal Place of Business

**110 E. BROWARD BLVD.
SUITE 610
FT. LAUDERDALE FL 33301**

Mailing Address

**110 E. BROWARD BLVD.
SUITE 620
FT. LAUDERDALE FL 33301**

10875



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**110 E. Broward Blvd.
Suite, Apt. #, etc.
Ste 620**

3. Mailing Address

**110 E. Broward Blvd.
Suite, Apt. #, etc.
Ste 620**

City & State

**Ft. Lauderdale, FL
Zip 33301 Country USA**

City & State

**Ft. Lauderdale, FL
Zip 33301 Country USA**

4. FEI Number

31-1689617

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PONSARD, JONATHAN
110 E. BROWARD BLVD.
SUITE 620
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

Jonathan Ponsard

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

110 E. Broward Blvd.

City

Ft. Lauderdale

FL

Zip Code

33301

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-16-02

**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	President Jonathan Ponsard 110 E. Broward Blvd, Ste 620 Ft. Lauderdale, FL 33301	<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
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
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
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]

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

Date

01-16-02 (954) 332-3321

Daytime Phone #

CR2E083 (9/01)