

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90056 028 \*\*\*\*50.00

**DOCUMENT # L02000015766**

1. Entity Name

TELE-MARKETING, L.L.C.



Principal Place of Business

16900 N. BAY RD., STE. 1707  
SUNNY ISLES BEACH FL 33160

Mailing Address

16900 N. BAY RD., STE. 1707  
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

32 N. Ocean Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL.

City & State

Zip

Country

33062

U.S.

Zip

Country

4. FEI Number

33-1011991

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DEUTSCH, STEVEN ESQ  
C/O FRANK, WEINBERG & BLACK, P.L.  
7805 S.W. 6TH COURT  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Eric Zinn

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

16900 N. Bay rd. #1707

City

Sunny Isles Beach

FL

Zip Code

33160

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 *Eric Zinn* *Eric Zinn*

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

(NOTE: Registered Agent signature required when reinstating)

2/1/03

DATE

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

**Make Check Payable to Florida Department of State**

**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<i>owner</i>	<input type="checkbox"/> Delete
NAME	<i>Eric Zinn</i>	
STREET ADDRESS	<i>5435 Fieldston rd.</i>	
CITY-ST-ZIP	<i>Brant, N.Y. 10471</i>	
TITLE	<i>Manager</i>	<input type="checkbox"/> Delete
NAME	<i>Eric Zinn</i>	
STREET ADDRESS	<i>16900 N. Bay rd. #1707</i>	
CITY-ST-ZIP	<i>Sunny Isles, FL. 33160</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Eric Zinn* **SIGNATURE REQUIRED**

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

2-1-03

Date

305-467-1083

Daytime Phone #

CR2E083 (10/02)