

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/19/2003-90044-045-\$50.00-\$50.00

DOCUMENT # L02000019658

1. Entity Name

ZAMUDIO SERVICE L.L.C.



FILED

03. APR -3 PM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

2027 SW 29TH AVE STE. 2
FORT LAUDERDALE FL 33312

Mailing Address

2027 SW 29TH AVE STE. 2
FORT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1641793

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAMUDIO, JOSE FERMIN
2027 SW 29TH AVE STE. 2
FORT LAUDERDALE FL 33312

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

M/ JOSE F ZAMUDIO
2027 SW 29 AVE STE-2
FT LAUDERDALE FL 33312

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 the report required by Chapter 608, Florida Statutes.

SIGNATURE: *Jose Fermin Zamudio*

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

3-15-3

Date

(954) 792-6313

Daytime Phone #

CR2E083 (10/02)