

FILED  
May 27, 2003 8:00 am  
Secretary of State

04-25-2003 90756 022 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000025826

1. Entity Name

G&Z INVESTMENTS, LLC



Principal Place of Business

5300 NW 33 AVENUE, SUITE 117  
FORT LAUDERDALE FL 33309

Mailing Address

5300 NW 33 AVENUE, SUITE 117  
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Fil Number

14 186 0269

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

SERCHAY, ALLAN  
5300 NW 33 AVENUE, SUITE 117  
FORT LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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  
PRESIDENT  
GAIL GRAY  
7636 NW 60th  
PARKLAND FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SCOTT ZUBRINSKY (VP)  
4733 SW 13 CT  
DEERFIELD BEACH FL 33442

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~RE~~ CHAIRMAN  
FISHER GRAY  
7636 NW 60th  
PARKLAND FL 33067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LOREN ZUBRINSKY SECRETARY  
4733 SW 13 CT  
DEERFIELD BEACH FL 33442

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 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 #

4/23/03 954-757-8546

CR2E083 (10/02)