

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90073 019 ****50.00

0001278

DOCUMENT # L02000030437

1. Entity Name
ZEREP RENTALS, LLC



Principal Place of Business Mailing Address
2100 NW 99TH AVENUE **2100 NW 99TH AVENUE**
MIAMI FL 33172 **MIAMI FL 33172**

2. Principal Place of Business 3. Mailing Address
9700 NW 17 Street **9700 NW 17 Street**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
miami, FL **miami, FL**
Zip Country Zip Country
33172 **US** **33172** **US**

4. FEI Number Applied For
03-0496040 Not Applicable

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

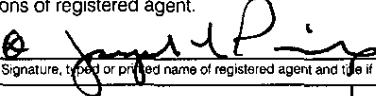


CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
PEREZ, JOSEPH H.
2100 NW 99TH AVENUE
MIAMI FL 33172

7. Name and Address of New Registered Agent
Name **Perez, Joseph H**
Street Address (P.O. Box Number is Not Acceptable)
9700 NW 17 Street
City **miami** FL Zip Code **33172**

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  **MANAGING MEMBER 4/24/03**
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 MANAGING MEMBER <input type="checkbox"/> Delete	TITLE JOSEPH H. PEREZ
NAME JOSEPH H. PEREZ	NAME JOSEPH H. PEREZ
STREET ADDRESS 9700 NW 17 ST	STREET ADDRESS 9700 NW 17 ST
CITY-ST-ZIP MIAMI, FL 33172	CITY-ST-ZIP MIAMI, FL 33172
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS STREET ADDRESS	STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS STREET ADDRESS	STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP 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:  **SIGNATURE REQUIRED** **4/24/03 (305) 357-4467**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)