2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000030444

1. Entity Name

ZEREP CONSTRUCTION, LLC

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

☐ CHECK HERE IF MAKING CHANGES

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

City & State: miami, FL	City & State: miami, FL	**4.** FEI Number 57-1140445	Applied For / Not Applicable
Zip 33172 — Country US.	Zip 33172 — Country US.	**5.** Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, JOSEPH H 2100 NW 99TH AVENUE MIAMI FL 33172	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 _____   Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   MANAGING MEMBER   4/24/03   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MANAGING MEMBER NAME JOSEPH H. PEREZ STREET ADDRESS 9700 NW 17 ST. CITY-ST-ZIP MIAMI, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 #