

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90072 014 ****50.00

0021149

DOCUMENT # L02000030645

1. Entity Name

ZEREP PROPERTIES, LLC



Principal Place of Business

Mailing Address

**2100 NW 99TH AVENUE
MIAMI FL 33172**

**2100 NW 99TH AVENUE
MIAMI FL 33172**

2. Principal Place of Business

9700 NW 17 Street

3. Mailing Address

9700 NW 17 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami, FL

City & State

miami, FL

4. FEI Number

03-0496508

Applied For

Not Applicable

Zip

33172

Country

US

Zip

33172

Country

US

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MANAGING MEMBER 4/24/03

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGING MEMBER	JOSEPH H. PEREZ	9700 NW 17 ST.	MIAMI, FL 33172	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* SIGNATURE REQUIRED

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

4/24/03 (305) 357-4467

Date

Daytime Phone #

CR2E083 (10/02)