## 2001 UNIFORM BUSINESS REPORT (UBR)

DOC!"	MENT # 1 000	20000500		(30)					į
DOCUMENT # L9600000509  1. Entity Name									
D.Z.S., L.L.C.					FILED				
						01 FEB 15 PM 4:53			
Principal Place of Business Mailing Address									
21033 COTTONWOOD DR. 21033 COTTONWOOD DR.						SECRETARY OF STATE TALLAHASSEE. FLORIDA			
BOCA RATON FL 33428 BOCA RATON FL 33428								BUCK INC INC	
2. Principal P	NEAS ABOVE	3. Mailing Address  Same AS ABOVE							
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	e	City & State			4. FEI Number 65-0672690 Applied For				ł
Zip	Country	Zip Cour		ntry	5. Certificate of Status Desired 55.00 Additio		ot Applicable		
1	6 None and Address of Correct	Berieberg Acces		T	1		Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
HCRM CORP.					t Address (P.O. Box Number is Not Acceptable)				
2200 CORPORATE BLVD. SUITE 401					•				
	TON FL 33431	•		City			FL Zip Cod	e	
8. The above named entity submits this statement for the purpose of changing its reg				ed office or registe	ered agent of	or both, in the State of Florida			
	The most office of the state of	or the purpose of changing ha	, regio.c/	od omoo or rogions	nou agom, t	or boun, in the state or thomas	•		l
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E. Registere	d Agent signature require	ed when reinstation	og)	DATE	<del></del>	l
1	,	FILE N	ow!!!	FEE IS \$50.00		7000037	nese7		l
Make Check Payab				•		-02/19/0	0101007	-023	
9.	MANAGING MEME	BERS/MEMBERS	10.			*****5[ ADDITIONS/CHA		<u> </u>	
TITLE	MGR	☐ Delete	TITL				☐ Change	☐ Addition	(11/00)
NAME STREET ADDRESS	ZARETSKY, LEONARD 21033 COTTONWOOD DR.		NAM STRE	EET ADDRESS					F083 (1
CITY-ST-ZIP	BOCA RATON FL 33428		-	-ST-ZIP					Ġ
TITLE .	MGRM Zaretsky, molly	☐ Delete	TITL! NAM				∐ Change	☐ Addition	8
STREET ADORESS CITY-ST-ZIP	21033 COTTONWOOD DR. BOCA RATON FL 33428			EET ADDRESS ST-ZIP					l
TITLE	BOUN RATUN FL 33420	Delete	TITL				☐ Change	Addition	1
NAME STREET ADDRESS		المارات المعار والمتارات المعينة الطائع فللتناس المعينية والمساعة المتارية	NAM	EET ADDRESS					-
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITL	1			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS		/			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			-ST-ZIP		1			
TITLE NAME		Delete .	TITLI	ľ	•	-yı	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	₹			ET ADDRESS -ST-ZIP				ļ	ļ
TITLE ()		☐ Delete	TITLE				☐ Change	☐ Addition	l I
NAME			NAM	E					į
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
11. I hereby o	ertify that the information supplied wit	h this filing does not qualify fo	r the exe	mption stated in S	ection 119.0	7(3)(i), Florida Statutes. I furti	her certify that the in	nformation er of the	
limited lial	on this report is true and accordite and bility company or the receiver or truste	e empowered to execute this	report as	required by Char	oter 608, Flo	rida Statutes.			
SICNAT		MHHAA	1=	5)		1/10/01 .	56 1873	2465	
SIGNAT	SIGNATURE AND TYPED OF PRINTED NAME	OF SIGNING MANAGING MEMBER, MA	NAGER, OR	AUTHORIZED REPRES	ENTATIVE	Date	Daytime Phone #	<u>-</u>	