

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 27 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000370

1. Entity Name
ZEPHYR X PROPERTIES, L.C.

Principal Place of Business
1750 S. YOUNG CIRCLE
SUITE 205
HOLLYWOOD FL 33020

Mailing Address
PO BOX 4877
DEERFIELD BEACH FL 33442-4877



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
141 NW 20th STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6 107

City & State
BOCA RATON, FL

City & State

Zip
33431

Country
USA

Zip

Country

4. FEI Number 65-0903176

Applied For

Not Applicable

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

FIRESTONE, DEBORAH E
7910 TENNYSON CT.
BOCA RATON FL 33433

Name

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

City

FL

Zip Code

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EPSTEIN, JOANNE
8950 WEST PARK #312
HOUSTON TX 77063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004211707--0
-05/11/01--01073--015
*****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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TITLE
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: Joanne Epstein JOANNE EPSTEIN 4/25/01 (713) 266-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)