

2000 UNIFORM BUSINESS REPORT (UBR)

545 AF

DOCUMENT # **L98000000098**
 Entity Name **ATLANTIC ZEDEK, L.C.**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUN - 9 22



Principal Place of Business Mailing Address
 MERIDIAN AVENUE, SUITE 506 1688 MERIDIAN AVENUE, SUITE 506
 BEACH FL 33139 MIAMI BEACH FL 33139-2700

DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0846863** Applied For
 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLNER, ROBIN I ESQ.
BEDZOW, KORN, BROWN, MILLER & ZEMEL, P.A.
20803 BISCAYNE BLVD., SUITE 200
AVENTURA FL 33180

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **6/21/00**
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
MGR RADO, FREDERIC 1688 MERIDIAN AVENUE, SUITE 506 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003299146--9 -06/21/00--01067--024 *****50.00 *****50.00
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frederic Rado* **FREDERIC RADO** 4-9-00 (35)695-4112
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)