

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001048

1. Entity Name

C-VETTE PROPERTIES, L.C.

FILED

00 JAN 24 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9621 S. DIXIE HWY.
MIAMI FL 33156

Mailing Address

9621 S. DIXIE HWY.
MIAMI FL 33156-2804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0849808

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KURZWEIL, HOWARD E
2151 LE JEUNE ROAD, MEZZANINE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE NAME MGRM ZISMAN, DAVID ☐ Delete
STREET ADDRESS 7445 S.W. 140TH DR.
CITY- ST- ZIP MIAMI FL 33158

TITLE NAME MGRM ZISMAN, LAURA ☐ Delete
STREET ADDRESS 8240 S.W. 91ST ST.
CITY- ST- ZIP MIAMI FL 33166

TITLE NAME MGRM ZISMAN, JONATHON ☐ Delete
STREET ADDRESS 18720 S.W. 84 COURT
CITY- ST- ZIP MIAMI FL 33157

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Signature Required David Zisman 1/18/2000 305-666-3312