

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90231 028 \*\*\*\*50.00

**DOCUMENT # L98000001048**

1: Entity Name

**C-VETTE PROPERTIES, L.C.**



Principal Place of Business

**9621 S. DIXIE HWY.  
MIAMI FL 33156**

Mailing Address

**9621 S. DIXIE HWY.  
MIAMI FL 33156**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Catherine Hite**  
Street Address (P.O. Box Number is Not Acceptable) **Suite 700  
799 Brickell Plaza**  
City **Miami** FL Zip Code **33131**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

Date

Daytime Phone #

**1/13/03**

**305-666-3312**

CR2E083 (10/02)