

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L99000000491**

1. Entity Name  
**ARTINI-ZAK, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 20 PM 11:02

Principal Place of Business: 2101 CORPORATE BLVD., SUITE 215 BOCA RATON FL 33431  
Mailing Address: 2101 CORPORATE BLVD., SUITE 215 BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>WARM, STEVEN ESQUIRE</b> 2101 CORPORATE BLVD., SUITE 215 BOCA RATON FL 33431			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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM ASINMAZ, ARTHUR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 1001 W. NEWPORT CENTER DR., STE 112		NAME		
STREET ADDRESS	DEERFIELD BEACH FL 33442		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	MGRM KIVIROGLU, SAHAK	<input type="checkbox"/> Delete	TITLE	400003454897	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C/O 1001 W. NEWPORT CENTER DR., STE 112		NAME	-11/07/00-01056-006	
STREET ADDRESS	DEERFIELD BEACH FL 33442		STREET ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED**  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

OCT 18/02 (954) 481-1788  
 Date Daytime Phone #

0001624 AF

CR2E083 (5/00)