

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90245 016 \*\*\*\*50.00

**DOCUMENT # 199000000491**

1. Entity Name

**ARTINI-ZAK, L.C.**

Principal Place of Business

**2101 CORPORATE BLVD., SUITE 215  
BOCA RATON FL 33431**

Mailing Address

**2101 CORPORATE BLVD., SUITE 215  
BOCA RATON FL 33431**

8003385

2. Principal Place of Business

**7682 NORTH FEDERAL HYW**

Suite, Apt. #, etc.

**SUITE #4**

**BOCA RATON FL**

3. Mailing Address

**7682 NORTH FEDERAL HYW**

Suite, Apt. #, etc.

**SUITE #4**

**BOCA RATON FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0888663**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

Zip  
**33487**

Country  
**USA**

Zip  
**33487**

Country  
**U.S.A**

6. Name and Address of Current Registered Agent

**WARM, STEVEN ESQUIRE  
2101 CORPORATE BLVD., SUITE 215  
BOCA RATON FL 33431**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **ASINMAZ, ARTHUR**  
STREET ADDRESS **C/O 1001 W. NEWPORT CENTER DR., STE 112**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **MGRM** ☐ Delete  
NAME **KIVIROGLU, SAHAK**  
STREET ADDRESS **C/O 1001 W. NEWPORT CENTER DR., STE 112**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **ASINMAZ, ARTHUR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7682 NORTH FEDERAL HYW SUITE #4**  
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **KIVIROGLU, SAHAK** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7682 NORTH FEDERAL HYW SUITE #4**  
CITY-ST-ZIP **BOCA RATON FL 33487**

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

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

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

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: ARTHUR ASINMAZ**

**JAN 16/02 (561) 999-9007**

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

Date

Daytime Phone #

CP2E083 (9/01)