2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
01-16-2002 90245 016 ****50.00

DOCUMENT # L99000000491

1. Entity Name

ARTINI-ZAK, L.C.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7682 NORTH FEDERAL HYW	7682 NORTH FEDERAL HYW
Suite, Apt. #, etc.: SUITE #4	Suite, Apt. #, etc.: SUITE #4
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33487 Country: U.S.A	Zip: 33487 Country: U.S.A

4. FEI Number 65-0888663 ☐ 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
WARM, STEVEN ESQUIRE 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 _____
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			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ASINMAZ, ARTHUR C/O 1001 W. NEWPORT CENTER DR., STE 112 DEERFIELD BEACH FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASINMAZ ARTHUR 7682 NORTH FEDERAL HYW SUITE #4 BOCA RATON FL 33487	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KIVIROGLU, SAHAK C/O 1001 W. NEWPORT CENTER DR., STE 112 DEERFIELD BEACH FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KIVIROGLU SAHAK 7682 NORTH FEDERAL HYW SUITE #4 BOCA RATON FL 33487	☑ Change ☐ Addition
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CR2E083 (9/01)

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 ARTHUR ASINMAZ JAN 10 02 (561) 999-9007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #