

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 09, 2000 08:00 AM
Secretary of State

DOCUMENT # L99000003506

1. Entity Name
TAZ INVESTMENTS, LLC

Principal Place of Business

3901-B N.W. 77TH AVENUE

MIAMI
33166

FL

Mailing Address

3901-B N.W. 77TH AVENUE

MIAMI
33166

FL

2. Principal Place of Business

2500 NW 79TH AVE

3. Mailing Address

2500 NW 79TH AVE

Suite, Apt. #, etc.

SUITE 207

Suite, Apt. #, etc.

SUITE 207

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33122

Country

US

Zip

33122

Country

US

4. FEI Number

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

LEWIS HAROLD L
ONE BISCAYNE TOWER, SUITE 3660
2 SOUTH BISCAYNE BOULEVARD
MIAMI
33131 US

FL

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)

03/09/2000

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME ZURICH ZACHARY L
STREET ADDRESS 640 ISLE OF PALMS
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE MGR ☐ Delete
NAME DEROSA ANTHONY T
STREET ADDRESS 3901-B N.W. 77TH AVENUE
CITY-ST-ZIP MIAMI FL 33166

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

TITLE MGR ☒ Change ☐ Addition
NAME DEROSA ANTHONY T
STREET ADDRESS 2500 NW 79TH AVE
CITY-ST-ZIP MIAMI FL 33122

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

TITLE ☐ Change ☐ Addition
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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.