

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000330

1. Entity Name

ZAR INDUSTRIES LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION

00 JAN 31 AM 8:

Principal Place of Business

4880 NW 157TH STREET
MIAMI FL 33014

Mailing Address

4880 NW 157TH STREET
MIAMI FL 33014-6434



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

13-3842733

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBINSON, JEFFREY

4880 NW 157TH STREET

MIAMI FL 33014

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete
STREET ADDRESS JOLEE BUTTONS INC.
CITY- ST- ZIP 519 EIGHTH AVENUE
NEW YORK NY 10018

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003121474--1
CITY- ST- ZIP -02/02/00--01095--019
*****50.00 *****50.00

TITLE NAME MGRM ☐ Delete
STREET ADDRESS ARZEE HOLDING INC.
CITY- ST- ZIP 519 EIGHTH AVENUE
NEW YORK NY 10018

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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 OR MANAGER

Date

Daytime Phone #

1/20/00 7243-0838