2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M9500000330 1. Entity Name ZAR INDUSTRIES LLC				SECRETARY OF STA
				00 JAN 31 AM 8:
Principal Plac	e of Business	Mailing Address		
4880 NW 157TH STREET 4880 NW 157TH STREET MIAMI FL 33014 MIAMI FL 33014-6434			T	
				I SERIERRIK DIR SRIES RIDII REDII REDII REDII ARDII ARDII ARDII ARDII ARDII ARDII ARDII DI DI DI
2. Principal Place of Business 3. Mailing Address				1 (88/88/1) (8 (8 (8 (8 (1)) 88)) 48) (8 (1) 88) (8 (1) 88) (8 (1) 88)
Suite, Apt. #, etc.		Suite, Apt. #, etc.	***************************************	DO NOT WRITE IN THIS SPACE
City & State		City & State	**********	4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
			Name	,
ROBINSON, JEFFREY 4880 NW 157TH STREET Street Address (Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33014				·
			City	FL Zip Code
R The above	named entity submits this statement	for the purpose of changing it	ts registered office o	or registered agent, or both, in the State of Florida.
O. THE ADOVE	Harried entity 3db/miles trills statement	. for the purpose of changing t	to registered emiss c	· ·
SIGNATURE .				
	Signature, typed or printed name of registered ago	ent and title if applicable. (NC	OTE: Registered Agent signa	ature required when reinstating) DATE
		FILE N	NOW!!! FEE IS :	\$50.00
	•		ayable to Depart	
9.		MBERS/MEMBERS	10.	ADDITIONS/CHANGES
TITLE	MGRM	☐ Delete	TITLE NAME	Change Addition
NAME STREET ADDRESS	JOLEE BUTTONS INC. 519 EIGHTH AVENUE		STREET ADDRESS	4000031214741 -02/02/0001095019
CITY-8T-ZIP	NEW YORK NY 10018		CITY-ST-ZIP	******50.00 ******50.00
TITLE	MGRM		TITLE	Change Addition
NAME	ARZEE HOLDING INC.		NAME	
STREET ADDRESS	519 EIGHTH AVENUE		STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10018		CITY-ST-ZIP	
TITLE	ig an Hotelyk (vet o	Delete	TITLE	Change Addition
NAME STREET ADDRESS			STREET ADDRESS	\wedge
CITY- 8T- ZEP	•	•	CITY- ST- ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	X\ ⁻
STREET ADDRESS		•	STREET ADDRESS	
CITY- ST- ZIP	•		CITY-8T-ZIP	U Character C satisfactor
NAME	• •	Delete	TITLÉ Name	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-81-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
CÎTY-81-ZIP	and the think the internal time and the second time.	Ath this filing days are surely		parted in Spotion 110 07/3Vi) Florida Ctatutas 1 further equify that the information
indicated	on this report is true and accurate a	nd that my signature shall have	e the same legal effe	rated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fect as if made under oath; that I am a managing member or manager of the
dimited lia	bility company or the receiver or trus	tee empowered to execute this	s report as required	n by Unapter 608, Horida Statutes.
	1 20000	JUSK REQU	nd wall	1/22/27 202 (12 -820)
SIGNAT		PRINTED NAME OF SIGNING MANAGIN	G MENDES OF TANAST	IR Davime Phone #
	SIGNATURE AND TIFED ON I	A STATE OF SIGNING MANAGIN		