

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

3 0 0 3 8 3



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, Apt. #, etc.
SUITE # 4 **SUITE # 4**

City & State City & State
BOCA RATON FL **BOCA RATON FL**

4. FEI Number **65-0888663** Applied For
 Not Applicable

Zip Country Zip Country
33487 **USA** **33487** **U.S.A**

5. Certificate of Status Desired \$5.00 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KVIROGLU, SAHAK C/O 1001 W. NEWPORT CENTER DR., STE 112 DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASINMAZ ARTHUR 7682 NORTH FEDERAL HYW SUITE #4 BOCA RATON FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KVIROGLU SAHAK 7682 NORTH FEDERAL HYW SUITE #4 BOCA RATON FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **SIGNATURE REQUIRED** **JAN 10/02 (561) 999-9007**
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (9/01)