

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000908

1. Entity Name

SHOEB ENTERPRISES, L.L.C.

FILED

01 SEP 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

701 Peachtree Road
Orlando, FL 32804

701 Peachtree Road
Orlando, FL 32804

2. Principal Place of Business

3. Mailing Address

6136 Raleigh St.

6136 Raleigh St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1209

Suite 1209

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32835

Orange

32835

Orange

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

7. Name and Address of New Registered Agent

UWSA Services, Inc.
701 Peachtree Road
Orlando, FL 32804

Name

Robert W. Anthony, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1325 W. Colonial Drive

City

Orlando

FL

Zip Code 32804

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 of person or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-6-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004616760--7

-10/01/01--01004--003

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Shoeb, Emad 701 Peachtree Road Orlando, FL 32804	<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		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	6136 Raleigh St., Ste. 1209 Orlando, FL 32835	<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
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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/14/01 (407)297-8231

CR2E083 (11/00)