

2001 UNIFORM BUSINESS REPORT (UBR)

0022910 AF

DOCUMENT # L00000003622

1. Entity Name

KAMISHLE HOLDING ENTERPRISES, L.L.C.

FILED

01 JAN 25 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1942 LAGO VISTA BLVD.
PALM HARBOR FL 34685

Mailing Address

1942 LAGO VISTA BLVD.
PALM HARBOR FL 34685

2. Principal Place of Business

TAMPA 4940 E Bush BLV.

3. Mailing Address

P.O. Box 6067

Suite, Apt. #, etc.

TAMPA

Suite, Apt. #, etc.

PALM HARBOR, FL.

City & State

TAMPA FL.

Zip

33617

Country

CITY OF TAMPA

Zip

34684

Country

PANGLOSS.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JALLO, SIMON

1942 LAGO VISTA BLVD.
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name
Chamoun JALLO

Street Address (P.O. Box Number is Not Acceptable)
1942 LAGO VISTA BLVD.

P.O. Box 6067

City
PALM HARBOR.

FL

Zip Code

34684

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 Chamoun Jallo CHAMOUN JALLO

1-18-00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHAMOUN JALLO PR. ☐ Delete
1942 LAGO VISTA BLV
PALM HARBOR, FL. 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PAUL JALLO ☐ Delete
90 AKHILL DR.
N.J 08831

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GHASSAN ASSIA ☐ Delete
30 JOSEPH COURT N.J 08852
MOKYMOUTH JUNCTION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
George JALO ☐ Delete
4313 AUSTON WAY
PALM HARBOR FL. 34685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BASSIM JALAU ☐ Delete
446 KNIGHT DR. FL.
TARPON SPRING 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MAROUN JALO ☐ Delete
22 LUNNOENZI DR.
HAMILTON N.J 08690

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200003601582 ☐ Addition
-01/30/01--01070--006
*****50.00 *****50.00

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: CHAMOUN JALLO REQUIRED

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

Date

Daytime Phone #

1-18-00 (727) 215-1746

CR2E083 (11/00)