

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000Q0003622

1. Entity Name

KAMISHLE HOLDING ENTERPRISES, L.L.C.

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90075 004 \*\*\*\*50.00

Principal Place of Business

4940 E. BUSH BLVD.  
TAMPA FL 33617

Mailing Address

PO BOX 6067  
PALM HARBOR FL 34684

2. Principal Place of Business

NO physical place of business

3. Mailing Address

FRANZESE & BALIAN CPA's

City & State

Zip

Country

City & State

Zip

Country

136 BROADWAY  
WOODCLIFF LAKE, NJ

07677

4. FEI Number

59-3639034

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JALLO, JALLO  
1942 LAGO VISTA BLVD.  
PALM HARBOR FL 34685

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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CHAMOUN, JALLO  
1942 LAGO VISTA BLVD.  
PALM HARBOR FL 34684

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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]*

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

Date

Daytime Phone #

CR2E083 (9/01)