

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90192 007 ****55.00

DOCUMENT # L00000004676

1. Entity Name

ZAMINAS, L.L.C.

Principal Place of Business

5301 CONROY ROAD, STE 140
 ORLANDO FL 32811

Mailing Address

5301 CONROY ROAD, STE 140
 ORLANDO FL 32811

2. Principal Place of Business

2499 LAKE MARY RD
 Suite, Apt. #, etc.
 130

3. Mailing Address

P.O. Box 952427
 Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

LAKE MARY, FL

4. FEI Number

59-3641405

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

32795

Country

USA

5. Certificate of Status Desired



\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAVIGNE, JAMES R
 5301 CONROY ROAD, STE 140
 ORLANDO FL 32811

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	D KARIM, H.G. 726 CENTENARY LOOF, PAT. 202 LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDULLA, AMIRALA P.O. BOX 81254 MEMBASA, KENYA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDULLA, RAMZANAL P.O. BOX 81254 MEMBASA, KENYA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MWINYIA, NGAO P.O. BOX 81254 MEMBASA, KENYA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDULLA, AARIFHUSSEIN P.O. BOX 81254 MEMBASA, KENYA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDULLA, MAKBUL P.O. BOX 81254 MEMBASA, KENYA	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDULLA, MOHSIN P.O. Box 81254 MEMBASA, KENYA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDULLA MEHBOOB P.O. Box 81254 MEMBASA, KENYA	<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 608, Florida Statutes.

SIGNATURE:

H. KARIM

04.17.02

407 302 0747
 407 302 8967

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

Date

Daytime Phone #

CR2E083 (9/01)