

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90115 031 \*\*\*\*55.00

0050908

**DOCUMENT # L00000004676**

1. Entity Name  
**ZAMINAS, L.L.C.**



Principal Place of Business

**2499 OLD LAKE MARY RD  
130  
SANFORD FL 32771**

Mailing Address

**P.O. BOX 952427  
LAKE MARY FL 32795**

2. Principal Place of Business

**2551 Dwyer Ln**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**LAKE MARY FL**

City & State

Zip  
**32746**

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3641405**

Applied For  
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABDULLA, MOHSIN</b> <b>P.O. BOX 81254</b> <b>MEMBASA, KENYA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABDULLA, MEHBOOB</b> <b>P.O. BOX 81254</b> <b>MEMBASA, KENYA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABDULLA, RAMZANAL</b> <b>P.O. BOX 81254</b> <b>MEMBASA, KENYA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MWINYIA, NGAO</b> <b>P.O. BOX 81254</b> <b>MEMBASA, KENYA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABDULLA, AARIFHUSSEIN</b> <b>P.O. BOX 81254</b> <b>MEMBASA, KENYA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABDULLA, MAKBUL</b> <b>P.O. BOX 81254</b> <b>MEMBASA, KENYA</b>	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ABDULLA, AmIRALI</b> <b>P.O. Box 81254</b> <b>MEMBASA KENYA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>H. G. KARIM</b> <b>2551 Dwyer Ln</b> <b>LAKE MARY FL 32746</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. G. KARIM NATURE REQUIRED**

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

**4.15.03 407 302 9747**

Date

Daytime Phone #

CR2E083 (10/02)