

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004874

1. Entity Name  
UNIQUE OPTION, L.L.C.

Principal Place of Business  
1048 PADDINGTON TERRACE  
HEATHROW FL 32746

Mailing Address  
1048 PADDINGTON TERRACE  
HEATHROW FL 32746

2. Principal Place of Business  
230 Sunport Lane  
Suite, Apt. #, etc.  
Suite 350  
City & State  
Orlando, FL  
Zip  
32809  
Country

3. Mailing Address  
230 Sunport Lane  
Suite, Apt. #, etc.  
Suite 350  
City & State  
Orlando, FL  
Zip  
32809  
Country

4. FEI Number  
59-3643594

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

KREUTER, WILLIAM E  
3117 EDGEWATER DRIVE  
ORLANDO FL 32804

## 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**

## 9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOHLBRAND, STACEY ANN 1048 PADDINGTON TERRACE HEATHROW FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHASHOGGI, AWNY B. 1048 PADDINGTON TERRACE HEATHROW FL 32746	<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

## 10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marketing Vice President Kohlbrand, Stacey Ann 1048 Paddington Terrace Heathrow, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Khashoggi, Awny B. 690 Osceola Avenue #407 Winter Park, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004421274-0 -06/14/01--01126--022 *****55.00 *****55.00	<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:

*Awny B. Khashoggi*

5/15/01 (407)852-5665

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

Date

Daytime Phone #

CR2E083 (11/00)

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FILED

01 MAY 21 AM 7:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE