

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005191

1. Entity Name

EVERSHINE FLAGLER, L.L.C.

FILED

01 APR 30 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

595 S. RAMONA AVENUE
LAKE ALFRED FL 33850

595 S. RAMONA AVENUE
LAKE ALFRED FL 33850

2. Principal Place of Business

6701 S. US 1

3. Mailing Address

6701 S. US 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BUNNELL FL

City & State

BUNNELL FL

Zip

32110

Country

Zip

32110

Country

4. FEI Number

59-3643382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARORA, VINOD

10112 CANOPY TREE COURT

ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name

ALNOOR AKBARALI

Street Address (P.O. Box Number is Not Acceptable)

6701 S. US 1

City

BUNNELL

FL

Zip Code

32110

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 X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ALNOOR AKBARALI ☐ Delete
(MANAGING MEMBER)
STREET ADDRESS 595 S. RAMONA AVE.
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE NAME MEMBER AFROSE E KALANI ☐ Delete
STREET ADDRESS 4277 AUSTON WAY
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400004220424-4
CITY-ST-ZIP -05/16/01--01097--014
*****50.00 *****50.00

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

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

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CITY-ST-ZIP

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

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: X

SIGNATURE REQUIRED

4/21/01 (904)437-2529

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

Date

Daytime Phone #

0018399 AF

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE

MJH