

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008481

1. Entity Name  
AAA ROUTE 660 AGENCY, LLC

FILED

01 JUN -4 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3800 WEST BROWARD BLVD  
FORT LAUDERDALE FL 33311

Mailing Address  
3800 WEST BROWARD BLVD  
FORT LAUDERDALE FL 33311

2. Principal Place of Business  
660 N. State Rd 7  
Suite 5A

3. Mailing Address  
660 N. State Rd 7  
Suite 5A

City & State  
Plantation, FL  
Zip 33317 Country BROWARD

City & State  
Plantation, FL  
Zip 33317 Country BROWARD

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HAGEN, KEVIN  
3531 GRIFFIN ROAD  
FORT LAUDERDALE FL 33312

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

600004422556--7  
-06/15/01--01064--011  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

## 9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete  
MANAGING MEMBER  
ANU LIKHE SANKER SINGH  
STREET ADDRESS 660 N. State Rd. 7 #5A  
CITY-ST-ZIP Plantation, FL 33317

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: Joyce Ramlogan

4-30-01 954-835450

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

Date Daytime Phone #

CR2E083 (11/00)

0012235 AF