

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90150 040 \*\*\*\*50.00

**DOCUMENT # L00000009432**

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

Principal Place of Business  
**5401 KIRKMAN ROAD, SUITE 525**  
**ORLANDO FL 32819**

Mailing Address  
**5401 KIRKMAN ROAD, SUITE 525**  
**ORLANDO FL 32819**

2. Principal Place of Business  
**5200 Vineland Rd**  
 Suite, Apt. #, etc.  
**200**

3. Mailing Address  
**5200 Vineland Rd.**  
 Suite, Apt. #, etc.  
**200**

City & State  
**Orlando - FL**

City & State  
**Orlando - FL**

Zip  
**32811**

Country  
**Orange**

Zip  
**32811**

Country  
**Orange**



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**  
**59-3715516**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GUPTA, SURESHK**  
**5401 KIRKMAN RD., STE. 525**  
**ORLANDO FL 32819**

**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	<b>MGR</b> <b>GUPTA, SURESH K</b> <b>5401 KIRKMAN RD., STE. 525</b> <b>ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>AGGARWAL, BRAHAM R</b> <b>5401 KIRKMAN ROAD, SUITE 525</b> <b>ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>DESHPANDE, ANIL</b> <b>5401 KIRKMAN ROAD, SUITE 525</b> <b>ORLANDO FL 32819</b>	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Gupta, Suresh K</b> <b>5200 Vineland Rd. STE 250</b> <b>Orlando FL 32811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Aggarwal Braham R</b> <b>5200 Vineland Rd STE 200</b> <b>Orlando FL 32811</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Deshpande Anil</b> <b>5200 Vineland Rd STE 200</b> <b>Orlando FL 32811</b>
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:**

**SIGNATURE**

**4/5/02 407 529 3211**

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

Date

Daytime Phone #

CR2E083 (9/01)