

2001 UNIFORM BUSINESS REPORT (UBR)

0007092 AF

DOCUMENT # L0000000192

1. Entity Name
BEST-BARGAIN, L.L.C.

FILED

01 MAR 13 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2902 S.W. 67 LANE
MIRAMAR FL 33023

2902 S.W. 67 LANE
MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

515 N.W. 72nd Street
Suite, Apt. #, etc.

515 N.W. 72nd STREET
Suite, Apt. #, etc.

City & State

Miami FL

City & State

MIAMI FLORIDA

4. FEI Number

657058 199

Applied For

Not Applicable

Zip

33150

Country

Zip

33150

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKSH, AMMIN
2902 S.W. 67 LANE
MIRAMAR FL 33023

Name

AMMIN BAKSH

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

8710 SHERMAN CIRCLE

APT # 101

City

MIRAMAR

FL

Zip Code

33025

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 Ammin Baksh

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

(NOTE: Registered Agent signature required when reinstating)

02-09-2001

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BAKSH, AMMIN
2902 S.W. 67 LANE
MIRAMAR FL 33023

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP
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-03/21/01--01106--007
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☐ Change

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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: Ammin Baksh

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

03-10-2001

Date

Daytime Phone #

305-754-1554

305-754-1554

CR2E083 (11/00)