

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90212 024 ****50.00

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DOCUMENT # L00000010192

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

Principal Place of Business

515 N.W. 72ND STREET
 MIAMI FL 33150

Mailing Address

515 N.W. 72ND STREET
 MIAMI FL 33150

2. Principal Place of Business

1390S NW 19TH AVE.

Suite, Apt. #, etc.

3. Mailing Address

1390S NW 19TH AVE

Suite, Apt. #, etc.

City & State

OPA LOCKA FLORIDA

City & State

OPA LOCKA FLORIDA

Zip

33054

Country

USA

Zip

33054

Country

USA

4. FEI Number

65-9058799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BAKSH, AMMIN
 8710 SHERMAN CIRCLE, APT. 101
 MIRAMAR FL 33025

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

☐ Delete

TITLE
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 STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

CR2E083 (9/01)

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 REQUIRED

AMMIN BAKSH

305-687 2767

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

Date

Daytime Phone #

29-04-2002