

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90007 014 ****50.00

DOCUMENT # L00000010754

1. Entity Name

Karim Development, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3200 N. Military Trail

3. Mailing Address

3200 N. Military Trail

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-1048765

Applied For

Not Applicable

Zip
33431

Country

Plam Beach

Zip
33431

Country

Palm Beach

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stephen Scirenci

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

3200 N. Military Trail

Suite 200

City

Boca Raton

FL

Zip Code
33431

**DO NOT WRITE
IN THIS SPACE**

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

SW Scirenci

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

3/20/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

MGRM

NAME

Zakaria, Mahammad

STREET ADDRESS

3200 N. Military Trail

CITY-ST-ZIP

Boca Raton, FL 33431

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

MGRM

NAME

Valli, Anis

STREET ADDRESS

3200 N. Military Trail # 200

CITY-ST-ZIP

Boca Raton, FL 33431

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

MGRM

NAME

Rehman, Mohammad

STREET ADDRESS

21669 Town Place Villas

CITY-ST-ZIP

Boca Raton, FL 33433

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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:

MS Scirenci

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

3/20/02

Date

561-997-5200

Daytime Phone #

CR2E083B (12/01)