

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0006324 AF

DOCUMENT # L00000011462

1. Entity Name
DIREX SOLUTIONS, L.L.C.

01 MAY -3 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~200 S. ORANGE AVE., STE. 2800~~
ORLANDO FL 32801

Mailing Address
200 S. ORANGE AVE., STE. 2800-1300
ORLANDO FL 32801



2. Principal Place of Business
2301 Lucien Way
Suite, Apt. #, etc.
Suite 323
City & State
Maitland, FL
Zip
32751
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
Suite 1300
City & State
City
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3672716
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KHANANI, M. OWAIS
200 S. ORANGE AVE., STE. 2800-1300
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 1300
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 M. Owaiss Khanani 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating. DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHANANI, M. SALEEM 200 S. ORANGE AVE., STE. 2800 1300 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHANANI, M. OWAIS 200 S. ORANGE AVE., STE. 2800 1300 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHANANI, M. HANI 200 S. ORANGE AVE., STE. 2800 1300 ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAIED, MUSTAFA 200 S. ORANGE AVE., STE. 2800 1300 ORLANDO FL 32801	<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	Suite 1300 7000004335657-0 -05/31/01-01041-023 *****50.00 *****50.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 1300	<input checked="" 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: M. Owaiss Khanani 4-30-01 407/540-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)