

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90254 044 ****50.00

DOCUMENT # L00000011463

1. Entity Name

DIREX IMAGE, L.L.C.

Principal Place of Business

**2301 LUCIEN WAY, STE. 323
MAITLAND FL 32751**

Mailing Address

**200 S. ORANGE AVE., STE. 1300
ORLANDO FL 32801**

2. Principal Place of Business

200 S. ORANGE AVE.

3. Mailing Address

Suite, Apt. #, etc.

1330

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32801

Country

USA

Zip

Country

4. FEI Number

59-3672714

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. 1300
ORLANDO FL 32801**

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM KHANANI, M. SALEEM 200 S. ORANGE AVE., STE. 1300 ORLANDO FL 32801	<input type="checkbox"/>		<input type="checkbox"/>
MGRM KHANANI, M. OWAIS 200 S. ORANGE AVE., STE. 1300 ORLANDO FL 32801	<input type="checkbox"/>		<input type="checkbox"/>
MGRM KHANANI, M. HANI 200 S. ORANGE AVE., STE. 1300 ORLANDO FL 32801	<input type="checkbox"/>		<input type="checkbox"/>
MGRM SAIED, MUSTAFA 200 S. ORANGE AVE., STE. 1300 ORLANDO FL 32801	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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
OWAIS KHANANI**04.30.2002 (407) 241 2500**

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

Date

Daytime Phone #

CR2E083 (9/01)