

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

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90011 016 \*\*\*\*55.00

**DOCUMENT #** L00000013497

**1. Entity Name**

Global Amphibians, LLC

**DO NOT WRITE IN THIS SPACE**

972885

**2. Principal Place of Business**

606 Dyer Blvd.

Suite, Apt. #, etc.

**3. Mailing Address**

606 Dyer Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
Kissimmee, FL

**City & State**  
Kissimmee, FL

**4. FEI Number**  
38-3652334

☐ Applied For  
☐ Not Applicable

**Zip**  
34741

**Country**  
Osceola

**Zip**  
34741

**Country**  
Osceola

**5. Certificate of Status Desired** ☒

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name** Wadi Rahim

**Street Address (P.O. Box Number is Not Acceptable)**  
14353 Fredricksburg Drive

**Apt 910**

**City** Orlando,

**FL**

**Zip Code**  
32837

**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** Wadi Rahim, WADI RAHIM, MGR

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

7/1/2002

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

MGR  
Wadi Rahim  
606 Dyer Blvd.  
Kissimmee, FL 34741

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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:** Wadi Rahim, WADI RAHIM, MGR, 7/1/2002 407-847-9000

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

Date

Daytime Phone #

CR2E083B (12/01)