

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L00000014552

1. Entity Name
SANFORD ACQUISITION GROUP, L.L.C.

01 APR 23 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
725 N MAGNOLIA AVE
ORLANDO FL 32803

Mailing Address
725 N MAGNOLIA AVE
ORLANDO FL 32803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

58-2595883

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired.. ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, STEPHEN M
725 N MAGNOLIA AVE
ORLANDO FL 32803

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

9. ~~MANAGING MEMBERS/MEMBERS~~

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
Sadique Jaffer
810 Evergreen Drive
CITY-ST-ZIP West Hempstead NY-11554

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
Mohammed Jaki Jaffer
490 Summa Avenue
CITY-ST-ZIP Westbury, NY-11590

TITLE NAME ☐ Change ☐ Addition
NAME 500004137615--8
STREET ADDRESS -05/04/01--01113--005
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
NAME
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: Sadique Jaffer Managing Member

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

Date

Daytime Phone #

4/10/2001 516-997-7197

CR2E083 (11/00)