

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90193 004 \*\*\*\*50.00

0006921

**DOCUMENT # L00000014552**

1. Entity Name

**SANFORD ACQUISITION GROUP, L.L.C.**



Principal Place of Business

**725 N MAGNOLIA AVE  
ORLANDO FL 32803**

Mailing Address

**725 N MAGNOLIA AVE  
ORLANDO FL 32803**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**790 SUMMA AVE**

Suite, Apt. #, etc.

City & State

City & State

**WESTBURY, NY**

Zip

Country

Zip

Country

**11590**

**USA**

4. FEI Number

**58-2595883**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**STONE, STEPHEN M  
725 N MAGNOLIA AVE  
ORLANDO FL 32803**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **JAFFER, SADIQUE**  
STREET ADDRESS **810 EVERGREEN DR.**  
CITY-ST-ZIP **WEST HEMPSTEAD NY 11554**

TITLE **MGRM** ☐ Delete  
NAME **JAKI JEFFER, MOHAMMED**  
STREET ADDRESS **790 SUMMA AVE.**  
CITY-ST-ZIP **WESTBURY NY 11590**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **790 SUMMA AVE**  
CITY-ST-ZIP **WESTBURY, NY 11590**

TITLE ☒ Change ☐ Addition  
NAME **MGRM**  
STREET ADDRESS **1738 BRIDGEWATER DRIVE**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

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

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

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

TITLE ☐ 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: X**

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**2/6/03**

**516-997-7197**

CR2E083 (10/02)