## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 08, 2002 8:00 am Secretary of State

DOCUMENT # L0000014581					Secretary of State 07-08-2002 90237 034 ****55.00			
i. Emily iva								
AHIA	ITACK SF, L.L.C.		•					
Principal Pla	ce of Business	Mailing Address						
2364 NORTH	EAST 28TH CT.	2364 NORTHEAST 28TH CT.		İ			•	
LIGHTHOUSE	POINT FL 33064	LIGHTHOUSE POINT FL 330		İ			•	
				·		ب المناسب المناب	}	
2. Principal	Place of Business	3. Mailing Address						
119-	Plaza Del Lago	119 Plaza I	Jel 1000		i komplekija odkomoje komple odkija odlije od	HATI ARTIK DANDI AKDA DIROK DIKO	18100 (18) 106(	•
Suite, Apt		Suite, Apt. #, etc.	<del></del>	,	DO NOT WA	ITE IN THIS SPACE		
City & State  Is 10. Moranda F1 Isla Moran			do II	4. FEI Number NOT APPLICABLE			pplied For	7
Zip	Country	Zip	Country	7.2	معه د برسميت	\$5.00°A	ot Applicable	┨.
3303		33036	USA	·	ificate of Status Desired	Fee Requir		
<u> </u>	6. Name and Address of Current F	Registered Agent		7. Nam	e and Address of New	Registered Agent		7
RH	OMBERG, ARTHUR							1
2364 NORTHEAST 28TH CT. LIGHTHOUSE POINT FL 33064				Address (P.O. Box I	ss (P.O. Box Number is Not Acceptable)			
				2.5	- 7		•	1
			City e	T-1- 100	- /-	FL Zip Co	de	1
8. The above	named entity submits this statement for	the purpose of changing its re	oletorad office d	-319 ///O	randa		<u>36</u>	-
01 17/0 20010	ACC - CO	the purpose of changing its re	gistered bilice (	r registered agent, 	or both, in the State of F	iorida.		} -
SIGNATURE	Signatura: typed or printed name of registered agent at	ed title (Papplicable. (NOTE: F				411402		ł
	and many Aban at human states as an address and address as		VIII FEE IS	ture required when reinstat	ing)	DATE	<del></del>	₹
Make Check Payal				•				
		,	By May 1, 200					
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS	/CHANGES		1
TITLE Name	MBR RHOMBERG, ARTHUR	☐ Delete	TITLE	MBR	- Arthur	Change	☐ Addition	<u>چ</u>
STREET ADDRESS	2364 NORTHEAST 28TH CT	. •	NAME Street Address	NO The	g, Arthur Del Logo			8
CITY-ST-ZIP	LIGHTHOUSE POINTE FL 33064	•	CITY-ST-ZIP	Zola Ma	rorda FL	3303C		CR2E083 (9/01)
TITLE	,	☐ Delete	TITLE	7		☐ Change	Addition	8
NAME STREET ADDRESS	. ,		NAME	<u>.</u>	,	_	Ì	<u> </u> -
CITY-ST-ZIP			CITY-ST-ZIP				Ì	}
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STREET ADDRESS		*	STREET AODRESS	<del></del> -	<del></del>			<b> </b>
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	- • *		☐ Change	Addition	
NAME STREET ADDRESS			NAME	1.5			1	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		us a pr	☐ Change	☐ Addition	
NAME	V.		NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				}	
TITLE	······································	☐ Delete						
···-	•	i Deiets	TITLE			☐ Change	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.

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

REQUIRED

4/12/0

305-517-4978

Davrina Bhona a

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