

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90353 013 \*\*\*\*\*55.00

**DOCUMENT # L01000002385**

1. Entity Name

**GROW WITH US MANAGEMENT, L.L.C.**

Principal Place of Business

**1185 MARLABAR ROAD  
PALM BAY FL 32905**

Mailing Address

**1185 MARLABAR ROAD  
PALM BAY FL 32905**

2. Principal Place of Business

**1185 Malabar Rd**

3. Mailing Address

**1185 MALABAR RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palm bay FL**

City & State

**PALM BAY FL**

4. FEI Number

**59-3702401**

Applied For

Not Applicable

Zip

**32907**

Country

**USA**

Zip

**32907**

Country

**USA**

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GANDHI, ANUJ**

**1165 N HIGHWAY A1A, #C  
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name

**GANDHI ANUJ**

Street Address (P.O. Box Number is Not Acceptable)

**1412 HARVARD CIR #2**

City

**MELBOURNE**

**FL**

Zip Code

**32905**

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]*

**ANUJ GANDHI**

**01/18/02**

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

TITLE **PARTNER** ☐ Delete  
NAME **KIRIT GANDHI**  
STREET ADDRESS **1412 HARVARD CIR #2**  
CITY-ST-ZIP **MELBOURNE FL 32905**

TITLE **PARTNER** ☐ Delete  
NAME **KALPANA GANDHI**  
STREET ADDRESS **1412 HARVARD CIR #2**  
CITY-ST-ZIP **MELBOURNE FL 32905**

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  
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

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

*[Signature]*

**KIRIT GANDHI 01/19/02**

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

Date

Daytime Phone #

CR2E083 (9/01)