

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90020 014 *****50.00

DOCUMENT # **L01000002644**

1. Entity Name

Oreyzi Enterprises, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

125 EDGEWATER DRIVE

Suite, Apt. #, etc.

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3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

4. FEI Number

65-1081690

Applied For

Not Applicable

Zip

33133-6901

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BABAK OREYZI

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

125 EDGEWATER DRIVE

City

CORAL GABLES

FL

Zip Code

33133

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]

3-31-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**HGRM
BABAK OREYZI
125 EDGEWATER DRIVE
CORAL GABLES, FL 33133**

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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:

[Signature]
BABAK OREYZI

3-31-03

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

Date

Daytime Phone #

CR2E083B (12/02)