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**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90051 036 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003037

1. Entity Name

GIRAFFE, LLC

Principal Place of Business

1999 UNIVERSITY DRIVE, SUITE 212  
CORAL SPRINGS FL 33071

Mailing Address

1999 UNIVERSITY DRIVE, SUITE 212  
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1088586

Applied For

Not Applicable

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

WHITE, ROBERT A.P.A.  
 1401 UNIVERSITY DRIVE, SUITE 600  
 CORAL SPRINGS FL 33071

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM ☐ Delete  
 NAME ABOUD, SAMMY A  
 STREET ADDRESS 1999 UNIVERSITY DRIVE, SUITE 212  
 CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE NAME MGRM ☐ Delete  
 NAME ABOUD, M. JENNIFER  
 STREET ADDRESS 1999 UNIVERSITY DRIVE, SUITE 212  
 CITY-ST-ZIP CORAL SPRINGS FL 33071

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

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

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

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

10. ADDITIONS/CHANGES

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

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

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

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

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CFR2ED83 (9/01)