2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
04-02-2002 90957 026 ****50.00

DOCUMENT # L01000004533

1. Entity Name
SHAD PROPERTIES GROUP, L.L.C.

Principal Place of Business	Mailing Address
6301 W. BROWARD BLVD. PLANTATION FL 33317	6301 W. BROWARD BLVD. PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 62-1856402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EPPERSON, JOEL R
1719 W. KENNEDY BLVD.
TAMPA FL 33617

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.

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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NABEELA ISLAM SHAD 6301 W. BROWARD BLVD. PLANTATION FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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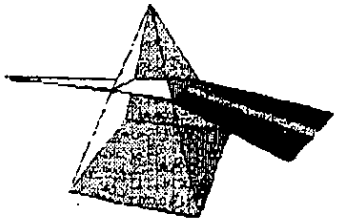
CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Nabeela I. Shad   MARCH 18th 2002   954-689-8262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Attachment # 260763 L0100000453

Fax Cover Page



Memphis Service Center
Internal Revenue Service
Memphis, Tennessee

To: JOHN WRIGHT	From: TELE-TIN UNIT
Fax Number: 3372358557	Fax Number: (901) 546-3916

Subject: Per your request

Name of Applicant:

SHAD PROPERTIES GROUP, LLC

Employer Identification Number is:

62-1856402

Please be advised that it is against the law to use an employer identification number as a social security number or for anything other than business

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