

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90058 011 ****50.00

DOCUMENT # L01000006513

1. Entity Name
MASAOOD GLOBAL TRADING, LLC

Principal Place of Business

**16005 N. FLORIDA AVENUE
 LUTZ FL 33549**

Mailing Address

**16005 N. FLORIDA AVENUE
 LUTZ FL 33549**

2. Principal Place of Business

16009 N. Florida Ave

Suite, Apt. #, etc.

3. Mailing Address

16009 N. Florida Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lutz, FL

City & State

Lutz, FL

4. FEI Number

59-3715033

Applied For

Not Applicable

Zip
33549

Country

Hillsborough

Zip
33549

Country

Hillsborough

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JACOBSON, RICHARD A
 501 E. KENNEDY BLVD., SUITE 1700
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Richard - R. Fracasso**

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

16009 N. Florida Ave

City

Lutz

FL

Zip Code

33549

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]

(NOTE: Registered Agent signature required when reinstating)

2/1/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President Masood
STREET ADDRESS	5407 Sandcrane Court
CITY-ST-ZIP	Wesley Chapel, FL 33543
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manager Richard R. Fracasso
STREET ADDRESS	15210 Amberly Dr #1224
CITY-ST-ZIP	Tampa, FL 33647
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]

2/1/02

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

Date

Daytime Phone #

CR2E083 (9/01)