FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90761 003 ****50.00

30058692

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006513

1. Entity Name
MASAOOD GROUP, LLC

Principal Place of Business
16009 N. FLORIDA AVENUE
LUTZ, FL 33549

Mailing Address
16009 N. FLORIDA AVENUE
LUTZ, FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3715033 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A
16009 N FLORIDA AVE
LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name: Richard A. Jacobson

Street Address (P.O. Box Number is Not Acceptable): 501 E. Kennedy Blvd.

Suite 1700

City: Tampa, FL Zip Code: 33602

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: RICHARD A. JACOBSON 4/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	P ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	HUMAID, MASAOOD	NAME	Masaood, Humaid
STREET ADDRESS	6407 SANDERAN COURT	STREET ADDRESS	16009 North Florida Avenue
CITY-ST-ZIP	TAMPA, FL 33453	CITY-ST-ZIP	Lutz, FL 33549
TITLE	MGR ☐ Delete	TITLE	MGR ☐ Change ☐ Addition
NAME	FRACASSO, RICHARD	NAME	Fracasso, Richard
STREET ADDRESS	16210 AMBERLY DRIVE	STREET ADDRESS	16009 North Florida Avenue
CITY-ST-ZIP	TAMPA, FL 1224	CITY-ST-ZIP	Tampa, Florida 33549
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: RICHARD A. JACOBSON 4/17/03 813/222-1159
SIGNATURE AND TYPED OR PRINTED NAME OF ~~SIGNING MANAGING MEMBER, MANAGER OR~~ AUTHORIZED REPRESENTATIVE Date Daytime Phone #