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	Mailing Address
16009 N. FLORIDA AVENUE LUTZ, FL 33549	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 [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 reinstating) 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	5407 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	15210 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: [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 #