

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007544

1. Entity Name

SAWARY USA LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -2 AM 11:08

Principal Place of Business

Mailing Address

2. Principal Place of Business

777 NW 72nd Ave

3. Mailing Address

777 NW 72nd Ave

Suite, Apt. #, etc.

Suite 265

Suite, Apt. #, etc.

Suite 265

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33127

Country

US

Zip

33127

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

35-2166113

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

Name

DEMETRE TSOUKALAS

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

777 NW 72nd Ave Suite 265

City

MIAMI

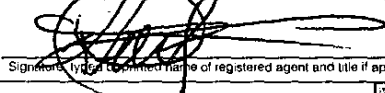
FL

Zip Code

33127

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



DEMETRE TSOUKALAS

4/30/03

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

MANAGER MILED F. ELKHORY

777 NW 72nd Ave

Suite 265

MIAMI, FL 33127 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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10. ADDITIONS/CHANGES

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

MANAGER DEMETRE TSOUKALAS

777 NW 72nd Ave

Suite 265

MIAMI, FL 33127 ☐ Change ☐ Addition

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

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

Date

Daytime Phone #

DEMETRE TSOUKALAS 4/30/2013