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	3. Mailing Address
777 NW 72nd Ave	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 TSOUCALAS
	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 TSOUCALAS 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		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER MILED F. ELKHORY 777 NW 72nd Ave Suite 265 MIAMI, FL. 33127 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER DEMETRE TSOUCALAS 777 NW 72nd Ave Suite 265 MIAMI, FL 33127 ☐ Change ☒ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition 900019097889 05/15/03--01081--003 **25.00
	☐ Delete		☐ Change ☐ Addition 900019097889 07/02/03--01013--018 **25.00
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

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: _____ DEMETRE TSOUCALAS 4/30/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #