

1/31

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90026 002 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L01000008065**

1. Entity Name

SIRGANY NEWS, LLC

Principal Place of Business

6910 NW 12TH STREET  
MIAMI FL 33126

Mailing Address

6910 NW 12TH STREET  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0883220

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KAYAL, RAYMOND J JR.  
6910 NW 12TH STREET  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name  
RAYMOND J. KAYAL  
Street Address (P.O. Box Number is Not Acceptable)

6910 NW 12 STREET

City MIAMI

FL

Zip Code  
33126

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, typed printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ MGRM  
 RJ KAYAL ENTERPRISES, LTD.  
 6910 NW 12th Street  
 Miami, Florida 33126

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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:

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

Date

Daytime Phone #

CR2E083 (9/01)