

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000009094**

1. Entity Name

SAHA LLC**FILED**
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90089 043 ****50.00

0007813

Principal Place of Business

**9780 SW 166TH TERR
MIAMI FL 33157**

Mailing Address

**9780 SW 166TH TERR
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9780 SW 166TH TERR

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-1110436

Applied For

Not Applicable

Zip

FLA

Country

33157

Zip

Country

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

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

CORPORATE CREATIONS

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

941 Fourth Street #200

City

Miami Beach FL

Zip Code

33139

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, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

9/10/2002

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**MGRM
ADAMS, SIBYL
9780 SW 166TH TERR
MIAMI FL 33157**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**MGRM
ADAMS, DIANA
9780 SW 166TH TERR
MIAMI FL 33157**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**MGRM
EL-YOUNFI, MUFTAPHA
9780 SW 166TH TERR
MIAMI FL 33157**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
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 (4/02)