

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012250

1. Entity Name
DEALSPORTE, LLC

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90139 022 ****50.00

Principal Place of Business

Mailing Address

~~8261 BREEZE COVE LANE~~
~~ORLANDO FL 32819~~

~~8261 BREEZE COVE LANE~~
~~ORLANDO FL 32819~~

2. Principal Place of Business

3. Mailing Address

7728 Chapel Hill Dr
Suite, Apt. #, etc.

7728 Chapel Hill Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Orlando FL		City & State Orlando FL		4. FEI Number 59-3743246	Applied For <input type="checkbox"/> Not Applicable
Zip 32819	Country	Zip 32819	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SATTAR, ADNAN
8261 BREEZE COVE LANE
ORLANDO FL 32819

Name
MOHAMMED BILWANI
Street Address (P.O. Box Number is Not Acceptable)
7728 Chapel Hill Dr
City
Orlando FL Zip Code
32819

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]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State.
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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CR2E083 (4/02)

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]* **SIGNATURE REQUIRED**

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

Date

Daytime Phone #