2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012651



FILED Jul 18, 2003 8:00 am Secretary of State 07-18-2003 90019 042 ****50.00

Principal Place of Business Mailing Address 7501_DADELAND_MAIL_FC_9 MIAMI FL 33156 MIAMI FL 33156 MIAMI FL 33156 Sulto, Apt. #, etc. Sulto, Apt. #, etc. Sulto, Apt. #, etc. City & State Tribut Policy Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Sulto, Apt. #, etc. Sulto, Apt. #, etc. City & State City & State Tribut Policy Street Address of New Registered Agent Name Lity Policy Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. City Willing FL Zip Code Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Apt. Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, etc. Street Address (BC) Box Number is Not Acceptable) Sulto, Apt. #, e
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City & State A. FEI Number 65-1128536 Applied For Not Applied \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent Pollo Troot DADELAND MALL FC=9 MIAMI FL 33156 Street Address (PO Box Number is Not Acceptable) City City
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5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name City FL 2ip Code 33/86
6. Name and Address of Current Registered Agent HEJAZI, JOSEPH T 7501 DADELAND MALL FC=9 MIAMI FL 33156 City FL Zip Code 32/86 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 acc the obligations of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM HEJAZI, JOSEPH T Change Chang
HEJAZI, JOSEPH T 7501 DADELAND MALL FC=9 MIAMI FL 33156 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33/66 City FL Zip Code 33/66 SIGNATURE Signature-Auppeard printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) PASSAGE City FL Zip Code 33/66 City FL Signature-Auppeard printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM HEJAZI, JOSEPH T City FL Zip Code 33/66 City FL Zip Code 34/66 Ci
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 accepted the obligations of registered agent. SIGNATURE Signature appear of 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 Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM HEJAZI, JOSEPH T Change Add NAME FL: POLOG
Make Check Payable to Florida Department of State Due By September 24, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM NAME HEJAZI, JOSEPH T □ Change ADDITIONS/CHANGES FL: POLCA
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TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 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

vered to execute this report as required by Chapter 608, Florida Statutes.

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

786-483-8403