

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

0019217

**DOCUMENT # L01000013540**

1. Entity Name

**MIYAMI, L.L.C.**

03-05-2002 90005 042 \*\*\*\*\*50.00

Principal Place of Business

**1714 CAPE CORAL PKWY E  
 CAPE CORAL FL**

Mailing Address

**1714 CAPE CORAL PKWY E  
 CAPE CORAL FL**

2. Principal Place of Business

3. Mailing Address

**1041 Lois Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Shoreview, MN.**

4. FEI Number

**26-000 9441**

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

**55126**

**Ramsey Co.**

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

**ROOSA, RICHARD V.S.  
 1714 CAPE CORAL PKWY E  
 CAPE CORAL FL**

Name

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

City

**FL**

Zip Code

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 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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
 NAME **BAKHSH, YAZDAN Y**  
 STREET ADDRESS **1041 LOIS DR**  
 CITY-ST-ZIP **SHOREVIEW MN 55126**

TITLE **(Manager) MGR** ☒ Change ☐ Addition  
 NAME **Bakhsh, Yazdan Y.**  
 STREET ADDRESS **1041 Lois Drive**  
 CITY-ST-ZIP **Shoreview, MN. 55126**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*[Signature]*

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

Date

Daytime Phone #

**612-803-1244**

CR2E083 (9/01)