4/16

FILED
May 29, 2002 8:00 am
Secretary of State

04-16-2002 90091 027 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013677

1. Entity Name

AYMAN & CO., LLC

Principal Place of Business	Mailing Address
165 E. PALMETTO PARK RD. BOCA RATON FL 33432	165 E. PALMETTO PARK RD. BOCA RATON FL 33432

O U I O

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1810 Semoran Blvd	
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Same
City & State Winter Park	City & State
Zip 32792 Country Seminole	Zip Country

4. FEI Number 65-1135059 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARMAN, DEBORAH A
165 E. PALMETTO PARK RD.
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name DR SHAHBAZ SHUJA
Street Address (P.O. Box Number is Not Acceptable) 1810 Semoran Blvd #100 Winter Park
City ORLANDO FL Zip Code 32792

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 SHAHBAZ SHUJA 02/21/02
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 NAME STREET ADDRESS CITY-ST-ZIP	OWNER/ Principal Officer ☐ Delete SHAHBAZ SHUJA 1810 Semoran Blvd Suite 100 Winter PARK ORLANDO FLORIDA 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E063 (9/01)

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: 02/21/02 (407) 673 9613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #