

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013878

1. Entity Name

OYSTER BAY INVESTMENTS, LLC

FILED
Jul 16, 2002 8:00 am
Secretary of State

05-22-2002 90223 027 ****50.00

Principal Place of Business

PMB 213, STE. 8
145 SOUTH ORLANDO AVE.
MAITLAND FL 32751

Mailing Address

PMB 213, STE. 8
145 SOUTH ORLANDO AVE.
MAITLAND FL 32751

38935



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3745366

Applied For

Not Applicable

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

TEJPAA, AZIZ
221 SHELLPOINT WEST
MAITLAND FL 32751

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME NAUSHIK HODDA
STREET ADDRESS 535 JULIE LANG
CITY-ST-ZIP WINTER SPRING FL 32706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VICE PRESIDENT
STREET ADDRESS 221 SHELLPOINT WEST
CITY-ST-ZIP MAITLAND FL 32751

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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]* REQUIRED

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

7/12/02 4076448819

Date

Daytime Phone #

CR2E083 (4/02)