

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

C 48727

**DOCUMENT # L01000018038**

1. Entity Name

**RAHEEL FOODS, L.L.C.**

03-14-2002 90392 002 \*\*\*100.00

Principal Place of Business

**175 E. MERRITT ISLAND CAUSEWAY  
MERRITT ISLAND FL 32952**

Mailing Address

**22900 VENTURA BOULEVARD, SUITE 240  
WOODLAND HILLS CA 91364**

2. Principal Place of Business

**175 E Merritt Island Causeway**  
Suite, Apt. #, etc.

3. Mailing Address

**22900 Ventura Blvd**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Merritt Island**

City & State

**Woodland Hills**

4. FEI Number

**52-235443**

Applied For

Not Applicable

Zip

**FL**

Country

**32952**

Zip

**CA**

Country

**91364**

5. Certificate of Status Desired

☒

**\$5.00** Additional

Fee Required

6. Name and Address of Current Registered Agent

**GARRIS, CHARLES E ESQ.  
MOSS, HENDERSON ET AL  
817 BEACHLAND BOULEVARD  
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RAHEEL, SYED M  
22819 CRESPI STREET  
WOODLAND HILLS CA 91364** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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**

**2/13/02**

**818-224-2291**

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

Date

Daytime Phone #

CR2E083 (9/01)