

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

08-14-2002 90028 024 \*\*\*\*50.00

**DOCUMENT # L01000021311**

1. Entity Name  
**SUVKINGDOM.COM, LLC**

Principal Place of Business  
**270 WAYMONT COURT, SUITE 110**  
**LAKE MARY FL 32750**

Mailing Address  
**270 WAYMONT COURT, SUITE 110**  
**LAKE MARY FL 32750**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1040 Bayview Drive**  
 Suite, Apt. #, etc.  
**Suite 407**  
 City & State  
**Fort Lauderdale FL**

3. Mailing Address  
**1040 Bayview Drive**  
 Suite, Apt. #, etc.  
**Suite 407**  
 City & State  
**Fort Lauderdale FL**

4. FEI Number  
**01-0576637**

Applied For  
 Not Applicable

Zip  
**33304** Country  
**USA**

Zip  
**33304** Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**MANJI, MEHBUB**  
**270 WAYMONT COURT, SUITE 110**  
**LAKE MARY FL 32746**

**7. Name and Address of New Registered Agent**

Name  
**Manji, Mehbub**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1040 Bayview Drive Ste 407**  
 City  
**Fort Lauderdale** FL Zip  
**33304**

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**8/12/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MANJI, MEHBUB 270 WAYMONT COURT, SUITE 110 LAKE MARY FL 32746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Manji, Mehbub 1040 Bayview Drive St 407 Fort Lauderdale FL 33304</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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**

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

DATE  
**8/12/02** DAYTIME PHONE #  
**954.564.2880**

CR2E083 (4/02)