

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90020 004 ****50.00

DOCUMENT # L02000001007

1. Entity Name

ALSAR HOLDINGS LLC



Principal Place of Business

**17051 EMILE ST
#5
BOCA RATON FL 33487**

Mailing Address

**17051 EMILE ST
#5
BOCA RATON FL 33487**

2. Principal Place of Business

3. Mailing Address

P.O. Box 811802

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33487-1802 USA

4. FEI Number

90-0003724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASHKENAZI, SARANA
17051 EMILE ST
#5
BOCA RATON FL 33487**

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. 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SARANA ASHKENAZI**
STREET ADDRESS **17051 EMILE ST #5**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **MGRM** ☐ Delete
NAME **ALBERT ASHKENAZI**
STREET ADDRESS **17051 EMILE ST #5**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **KEVIN ASHKENAZI**
STREET ADDRESS **6102 Joust Lane**
CITY-ST-ZIP **ALEXANDRIA, VA 22315**

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

TITLE ☐ Change ☐ Addition
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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:

SARANA ASHKENAZI MGRM 2/18/03 561-213-5698

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

Date

Daytime Phone #

CR2E083 (10/02)