

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90027 017 ****50.00

DOCUMENT # L02000001888

1. Entity Name
QUEEN'S BAY, L.L.C.



Principal Place of Business

**2875 N.E. 191ST STREET
SUITE 801
AVENTURA FL 33180**

Mailing Address

**2875 N.E. 191ST STREET
SUITE 801
AVENTURA FL 33180**

2. Principal Place of Business

Suite, Apt. #, etc.
5329 SW 38 AVENUE

City & State
FORT LAUDERDALE - FL

Zip
33312

Country
U.S.A.

3. Mailing Address

Suite, Apt. #, etc.
5329 S.W. 38 AVENUE

City & State
FORT LAUDERDALE, FL

Zip
33312

Country
U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0461287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SERBER, DANIEL J ESQ.
2875 N.E. 191ST STREET
SUITE 801
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name
SALMAN AMAR

Street Address (P.O. Box Number is Not Acceptable)

1250 E. HALLANDALE BEACH BLVD.

Suite #

City
HALLANDALE

FL

Zip Code
33009

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 **SALMAN AMAR**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/31/2003

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete
NAME **SALMAN AMAR**
STREET ADDRESS **S 1250 E. HALLANDALE BCH. BLVD. STE. #**
CITY-ST-ZIP **HALLANDALE, FL-33009 606**

TITLE **VICE-PRESIDENT** ☐ Delete
NAME **SALMAN AMAR**
STREET ADDRESS **1250 E. HALLANDALE BCH. BLVD. SUITE #**
CITY-ST-ZIP **HALLANDALE, FL-33009 606**

TITLE **SECRETARY** ☐ Delete
NAME **SALMAN AMAR**
STREET ADDRESS **1250 E. HALLANDALE BCH. BLVD. SUITE #**
CITY-ST-ZIP **HALLANDALE, FL-33009 606**

TITLE **TREASURER** ☐ Delete
NAME **SALMAN AMAR**
STREET ADDRESS **1250 E. HALLANDALE BCH. BLVD. SUITE #**
CITY-ST-ZIP **HALLANDALE, FL-33009 606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **SALMAN AMAR**

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

03/31/2003

Date

305-409-1769

Daytime Phone #

CR2E083 (10/02)