FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90616 036 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30049565

DOCUMENT # L02000002470

1. Entity Name
AHURAMAZDA, LLC

Principal Place of Business	Mailing Address
100 BENT TREE DRIVE, APARTMENT 209 DAYTONA BEACH, FL 32114	100 BENT TREE DRIVE, APARTMENT 209 DAYTONA BEACH, FL 32114

2. Principal Place of Business	3. Mailing Address
2727 N. Atlantic Ave #308	Same
Suite, Apt. #, etc.: #308	Suite, Apt. #, etc.
City & State: Daytona Beach, FL	City & State
Zip: 32118 Country: USA	Zip Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 42-1547642 ☐ 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
BORNS, LAWRENCE W P.A. 412 N. HALIFAX AVENUE DAYTONA, FL 32118	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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MISTRY, SAROSH T 100 BENT TREE DRIVE, APARTMENT 209 DAYTONA BEACH, FL 32114 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 2727 N. Atlantic Avenue, #308 Daytona Beach, FL 32118
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MISTRY, KIMBERLY S 100 BENT TREE DRIVE, APARTMENT 209 DAYTONA BEACH, FL 32114 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 2727 N. Atlantic Avenue #308 Daytona Beach, FL 32118
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: Sarosh T. Mistry 4/4/03 786-612-9742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #