


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0003796

DOCUMENT # L02000002901	
1. Entity Name PERFECT DEAL, LLC	

FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2854 STIRLING ROAD SUITE D HOLLYWOOD FL 33020		Mailing Address 2854 STIRLING ROAD SUITE D HOLLYWOOD FL 33020	
2. Principal Place of Business 20229 NE 16th PLACE		3. Mailing Address 20229 NE 16th PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33179	Country	Zip 33179	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 74-3029285		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVE. 28TH FLOOR MIAMI FL 33131		7. Name and Address of New Registered Agent Name: AMIT RAIBI Street Address (P.O. Box Number Not Acceptable): 20229 NE 16th PLACE City: MIAMI FL Zip Code: 33179
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: <u>AMIT RAIBI</u>		DATE: <u>4/28/03</u>
(NOTE: Registered Agent signature required when reinstating)		

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	MANAGING MEMBER <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AMIT RAIBI 20229 NE 16th PLACE MIAMI FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600017817436 05/01/03--01042--008 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 RECORDED RAIBI 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)