

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/6/2003-90065-039-\$50.00-\$50.00

10030327

DOCUMENT # L02000003071



1. Entity Name

SALEHA INVESTMENTS, LLC

FILED

03 SEP 15 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10106716



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

7777 GLADES ROAD, SUITE 300  
ATTN: DAVID J. POWERS  
BOCA RATON FL 33434

Mailing Address

7777 GLADES ROAD, SUITE 300  
ATTN: DAVID J. POWERS  
BOCA RATON FL 33434

2. Principal Place of Business

14, PERIMETER CENTER E.

3. Mailing Address

14, PERIMETER CENTER E.

Suite, Apt. #, etc.

SUITE # 1408

Suite, Apt. #, etc.

SUITE # 1408

City & State

ATLANTA

City & State

ATLANTA

Zip

GA-30346

Country

USA

Zip

GA-30346

Country

USA

4. FEI Number

65-1156347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVID J. POWERS, P.A.  
7777 GLADES ROAD, SUITE 300  
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name: David J. Powers, P.A.  
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

*David J. Powers*

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

(NOTE: Registered Agent signature required when reinstating)

4/2/03

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: MANAGING PARTNER ☐ Delete  
NAME: ABDU M. RAHMAN  
STREET ADDRESS: 3107, MADISON DR.  
CITY-ST-ZIP: ATLANTA, GA-30346

TITLE: ☐ Delete  
NAME: ☐ Delete  
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CITY-ST-ZIP: ☐ Delete

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10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition

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

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STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ 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

05-01-03

770-730-7993

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

Date

Daytime Phone #

CR2E083 (10/02)