2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008601

Entity Name

NAVARETI, LIMITED LIABILITY COMPANY

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FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90755 034 ****50.00

		·		VE 1135			
Principal Plac	e of Business	Mailing Address					
2413 ROLLING BROAK DRIVE ORLANDO FL 32837 US		2413 ROLLING BROAK DRIVE ORLANDO FL 32837 US			I (BSKINI) OKI BBKA KIJIK BOKK ADIK ADIK OBIK	N AANN TUUN TANK ANN AA	8) ((8) (8)
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 55-078762	Ap No	plied For t Applicable
Zip	Country	Zip	Country			S5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent		÷ ,	7. Name and Address of New Regi	stered Agent	
MAHMOOD, JAMAL				Name			
2413 ROLLING BROAK DRIVE ORLANDO FL 32837			Street A	reet Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 3203/							
			City	•	· ···	FL Zip Code)
	named entity submits this statement for	r the purpose of changing its	registered office o	or registere	ed agent, or both, in the State of Florida	a. I am familiar with,	and accept
OLONIATURE		•					
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered Agent signa	ture required v	when reinstating)	DATE	
-		FILE NO	W!!! FEE IS	\$50.00			Į.
		Make Check Payabl	e to Florida De	partmen	t of State		ļ
		Due	By May 1, 200)3			
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/CH	IANGES	
TITLE	MGR	☐ Delete	TITLE	1		☐ Change	☐ Addition
NAME	MAHMOOD, JAMAL		NAME				
STREET ADDRESS	2413 ROLLING BROAK DRIVE		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32837		CITY-ST-ZIP	<u> </u>			
TITLE		☐ Delete	TITLE	MG	K	☐ Change	Addition
NAME			NAME	MOL	ANC ESCOBAR, ROSA ROLLING BROAK DR	i E	
STREET ADDRESS			STREET ADDRESS	3413	HOLLING BROTH DE	LIVE	
CITY-ST-ZIP	······································		CITY-ST-ZIP	OKLF	Wbc, FL 32837		,
TITLE	_	Delete Delete	TITLE		IN MAR	☐ Change	Addition
NAME			NAME STREET ADDRESS	31/12	しょくしこう ひずらえてひ	RIVE	ĺ
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	V61	ANDO, PL 31837		
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TITLE NAME		☐ Delete	NAME	700	AL , ALI D	change	- Addition
STREET ADDRESS			STREET ADDRESS	1413	ROLLING BROAK ?	PIVE	
CITY-ST-ZIP			CITY - ST- ZIP	OPLE	NAL, ALI D ROLLING BROAK E MDO, FL 32837		ł
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STREET ADDRESS			STREET ADDRESS		N _k		Į.

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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

1/10/03 407-8555236 Date Dayline Phone # CRZE