

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # L02000008601**

1. Entity Name

**NAVARETI, LIMITED LIABILITY COMPANY**



Principal Place of Business

**2413 ROLLING BROAK DRIVE  
ORLANDO FL 32837  
US**

Mailing Address

**2413 ROLLING BROAK DRIVE  
ORLANDO FL 32837  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**55-0787621**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MAHMOOD, JAMAL  
2413 ROLLING BROAK DRIVE  
ORLANDO FL 32837**

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	<input type="checkbox"/> Delete	
	<b>MGR</b>	<b>MAHMOOD, JAMAL</b>	<b>2413 ROLLING BROAK DRIVE</b>	<b>ORLANDO FL 32837</b>	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
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					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MGR</b>	<b>MOLANO ESCOBAR, ROSA E</b>	<b>2413 ROLLING BROAK DRIVE</b>	<b>ORLANDO, FL 32837</b>	<input checked="" type="checkbox"/>
	<b>MGR</b>	<b>JAMAL, OMAR</b>	<b>2413 ROLLING BROAK DRIVE</b>	<b>ORLANDO, FL 32837</b>	<input checked="" type="checkbox"/>
	<b>MGR</b>	<b>JAMAL, ALI D</b>	<b>2413 ROLLING BROAK DRIVE</b>	<b>ORLANDO, FL 32837</b>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

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:**

*Mahmoud Jamil*

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

Date

**4/10/03**

Daytime Phone #

**407-8555236**

CR2E083 (10/02)