

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

03-31-2003 90001 042 ****50.00

DOCUMENT # L02000013423

1. Entity Name

SAS DEVELOPMENT, LLC



Principal Place of Business

16509 FOOTHILL DR.
TAMPA FL 33624
US

Mailing Address

16509 FOOTHILL DR.
TAMPA FL 33624
US

55038270



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

550 789 742

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELSHEIKH, MUHAMMED A
16509 FOOTHILL DR.
TAMPA FL 33624

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME **Managing Member**
STREET ADDRESS **Muhammed A. Elsheikh**
CITY-ST-ZIP **16509 Foothill Dr.**
Tampa FL 33624

TITLE ☐ Delete
NAME **Managing member**
STREET ADDRESS **Samir ALGHAFARI**
CITY-ST-ZIP **5373 Ehrlich Rd.**
Tampa FL 33622

TITLE ☐ Delete
NAME **Managing Member**
STREET ADDRESS **Salah ALBuseri**
CITY-ST-ZIP **1012 W. Bearss Ave.**
Tampa FL 33624

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

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

Date

Daytime Phone #

2/24/03 (813) 264-9930

CR2E083 (10/02)