

FILED
Jun 09, 2003 8:00 am
Secretary of State

03-31-2003 90807 011 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

3/3

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DOCUMENT # L02000015176

1. Entity Name

AFM INVESTMENT, L.L.C.



44004139

Principal Place of Business

31125 US 19 N.
PALM HARBOR FL 34684

Mailing Address

31125 US 19 N.
PALM HARBOR FL 34684

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0623092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIKJEH, FARHOD
31125 US 19 N.
PALM HARBOR FL 34684

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 reappointing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

3/27/03
4/29/03

9. MANAGING MEMBERS/MANAGERS

TITLE: PRESIDENT (Manager) ☐ Delete
NAME: Farhod M. Nikjeh
STREET ADDRESS: 31125 US Hwy. 19 N.
CITY-ST-ZIP: Palm Harbor, FL 34684

TITLE: Member ☐ Delete
NAME: Ala Fatasiri
STREET ADDRESS: 3105 Bay To Bay Blvd.
CITY-ST-ZIP: Tampa, FL 33629

TITLE: Member ☐ Delete
NAME: Majdi Fatasiri
STREET ADDRESS: 3105 Bay To Bay Blvd.
CITY-ST-ZIP: Tampa, FL 33629

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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)(f), 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 AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

3/27/03

727-7895588

Attachment

44004139

#L02000015176

Please Remove
the 2 members
Ala Falasiri
Majdi Falasiri