2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 17, 2003 8:00 am
Secretary of State
06-17-2003 90001 004 ****50.00

DOCUMENT # L02000022942

1. Entity Name
DESAI & ASSOCIATES ENTERPRISES, LLC

Principal Place of Business	Mailing Address
5933 W HILLSBORO BLVD STE 108 PARKLAND FL 33067	5933 W HILLSBORO BLVD STE 108 PARKLAND FL 33067

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10108 N Nob Hill Cir	10108 N Nob Hill Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac, FL	City & State: Tamarac, FL
Zip: 33321 Country: Broward	Zip: 33321 Country: Broward

4. FEI Number: 30-0122792 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DESAI, ASHOK K 7863 NW 60TH LANE PARKLAND FL 33067	Name Street Address (P.O. Box Number is Not Acceptable): 10108 N Nob Hill Cir City: Tamarac FL Zip Code: 33321

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] Ashok K Desai 5/20/03
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	MGR DESAI, ASHOK 7863 NW 60TH LANE PARKLAND FL 33067 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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] SIGNATURE REQUIRED 5/20/03 954-914-9453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #