

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90040 009 ****50.00

DOCUMENT # L02000032261

1. Entity Name

MO'S VACATIONS, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10939 Woodchase Circle

Suite, Apt. #, etc.

3. Mailing Address

10939 Woodchase Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

Zip

32836

Country

Orange

City & State

Orlando, FL

Zip

32836

Country

Orange

4. FEI Number

75-3088960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	member
NAME	Mohammed Hemani
STREET ADDRESS	18250 Kestrel Court
CITY-ST-ZIP	Brookfield, WI 53045
TITLE	member
NAME	Nasiruddin Hemani
STREET ADDRESS	10939 Woodchase Circle
CITY-ST-ZIP	Orlando, FL 32836
TITLE	member
NAME	Nizar (Nick) Hemani
STREET ADDRESS	912 Southern Breeze Dr
CITY-ST-ZIP	Orlando, FL 32836
TITLE	member
NAME	ALTAF Hemani
STREET ADDRESS	914 Elmdale Rd
CITY-ST-ZIP	Glenview, IL 60025
TITLE	member
NAME	Nizar Hemani
STREET ADDRESS	5325 Oxfordwood
CITY-ST-ZIP	Winchester, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/13/03

Date

407-234-0647

Daytime Phone #

CR2E083B (12/02)