

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90302 001 ***300.00

DOCUMENT # L02000033914

1. Entity Name

OYSTER BAY GROUP, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

221 SHELLPOINT W.

3. Mailing Address

PMB 213, SUITE 8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

145 S. ORLANDO AVE

DO NOT WRITE IN THIS SPACE

City & State
MAITLAND FL

City & State
MAITLAND FL

4. FEI Number
02-0640854

Applied For
Not Applicable

Zip
32751

Country
USA

Zip
32751

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
AZIZ TEJPAR

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

City
MAITLAND

FL

Zip Code
32751

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.

4/28/03
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Naushik Hooda
535 Julie Lane
Winter Springs, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Michael Garfield
2721 Belgewater Pl.
Oviedo, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Nizar Hemani
9102 Southern Breeze Dr.
Orlando, FL 32836

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Aziz Tejpar
221 Shellpoint West
Maitland, FL 32751

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

Date

Daytime Phone #

4/28/03 407 644 6819

CR2E083B (12/02)