

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

DOCUMENT # L02000033915

1. Entity Name

OYSTER BAY ONE, LLC



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

04-30-2003 90302 001 ***300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

221 SHELLPOINT W.

Suite, Apt. #, etc.

3. Mailing Address

145 S. ORLANDO AVE.

Suite, Apt. #, etc.

PMB 213, SUITE 8

DO NOT WRITE IN THIS SPACE

City & State

MAITLAND FL

City & State

MAITLAND FL

4. FEI Number

22-3673395

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32751

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Aziz Tejpar

Street Address

221 Shellpoint West

Maitland, FL 32751

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

4/24/03

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 Bellewater 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)