

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 26 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0002476 AF

DOCUMENT # L95000000950

1. Entity Name  
FALCON MANAGEMENT SERVICES, L.C.

Principal Place of Business  
ONE SE THIRD AVE #1440  
MIAMI FL 33131

Mailing Address  
ONE SE THIRD AVE #1440  
MIAMI FL 33131-1714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0630330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

RAHMAN, NASIM A  
ONE SE THIRD AVE #1440  
MIAMI FL 33131

## 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.

SIGNATURE

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 Department of State

800003249458--7  
-05/11/00--01118--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE MEM ☐ Delete  
NAME DAHLAWI, HASSAN  
STREET ADDRESS ONE SE THIRD AVE #1440  
CITY- ST- ZIP MIAMI FL 33131

TITLE MEM ☐ Delete  
NAME DAHLAWI, ABDULLAH  
STREET ADDRESS ONE SE THIRD AVE #1440  
CITY- ST- ZIP MIAMI FL 33131

TITLE MEM ☐ Delete  
NAME DAHLAWI, GHASSAN  
STREET ADDRESS ONE SE THIRD AVE #1440  
CITY- ST- ZIP MIAMI FL 33131

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:

*HASSAN Dahlawi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/25/00  
Date

305-374-1060  
Daytime Phone #

CR2E083 (9/99)