

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90007 034 \*\*\*\*\*50.00

**DOCUMENT # L97000001348**

1. Entity Name  
**SFAX, LLC**



Principal Place of Business  
**1235 EUCLID AVENUE  
MIAMI FL 33179**

Mailing Address  
**6004 LINCOLNWOOD COURT  
BURKE VA 22015-3010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2356850**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-0000**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **REGIGNANO, MICHEL**  
STREET ADDRESS **6004 LINCOLNWOOD COURT**  
CITY-ST-ZIP **BURKE VA 22015**

TITLE **MGR** ☐ Change ☐ Addition  
NAME **REGIGNANO, MICHEL**  
STREET ADDRESS **2003 Turtle Pond Dr.**  
CITY-ST-ZIP **Reston VA 20191**

TITLE **MGR** ☒ Delete  
NAME **Z-RECON, INC.**  
STREET ADDRESS **6004 LINCOLNWOOD COURT**  
CITY-ST-ZIP **BURKE VA 22015**

TITLE **MGR** ☐ Change ☐ Addition  
NAME **Z-Recon Inc.**  
STREET ADDRESS **2003 Turtle Pond Dr.**  
CITY-ST-ZIP **Reston VA 20191**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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:

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

Date

Daytime Phone #

*Michel Regignano*  
**1/10/03** **703 6258415**

CR2E083 (10/02)