

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -7 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000000737

1. Entity Name
GRIFFIN ROAD, L.C.

Principal Place of Business
C/O K.J. HATHI
12 LOCHINVAR LANE
OAKBROOK IL 60523

Mailing Address
C/O K.J. HATHI
12 LOCHINVAR LANE
OAKBROOK IL 60523-1613

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

APPLIED FOR
65-10000-76

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

BLOOMGARDEN, PAUL M
8551 W. SUNRISE BLVD., SUITE 208
FORT LAUDERDALE FL 33322

954 370 2222

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ~~Change~~ ☐ Delete
NAME HATHI, K.J.
STREET ADDRESS 12 LOCHINVAR LANE
CITY-ST-ZIP OAKBROOK IL 60523

TITLE ~~Change~~ ☐ Addition
NAME ~~Change~~ ☐ Addition
STREET ADDRESS 000003299180--4
CITY-ST-ZIP -06/21/00--01072--018

TITLE M ~~Change~~ ☐ Delete
NAME DR. DILIP SHAH
STREET ADDRESS 1508 Midwest Club
CITY-ST-ZIP Oak Brook, IL 60523

TITLE MGR ~~Change~~ ☐ Addition
NAME DR. DILIP SHAH
STREET ADDRESS 1508 Midwest Club
CITY-ST-ZIP Oak Brook, IL 60523

TITLE M ~~Change~~ ☐ Delete
NAME Dr. Ashok Lakshmi
STREET ADDRESS 816 Phoebe Dr.
CITY-ST-ZIP Oak Brook, IL 60523

TITLE MGR ~~Change~~ ☐ Addition
NAME Dr. Ashok Lakshmi
STREET ADDRESS 816 Phoebe Dr.
CITY-ST-ZIP Oak Brook, IL 60523

TITLE M ~~Change~~ ☐ Delete
NAME Meghmal Ashok Doshi
STREET ADDRESS 931 W. Goldenrod Lane
CITY-ST-ZIP Lake Forest, IL 60045

TITLE MGR ~~Change~~ ☐ Addition
NAME Meghmal Ashok Doshi
STREET ADDRESS 931 W. Goldenrod Lane
CITY-ST-ZIP Lake Forest, IL 60045

TITLE M ~~Change~~ ☐ Delete
NAME Mr. Ratilal D. Patel
STREET ADDRESS 6055 NW 66th Way
CITY-ST-ZIP Parkland, FL 33067

TITLE MGR ~~Change~~ ☐ Addition
NAME Mr. Ratilal D. Patel
STREET ADDRESS 6055 NW 66th Way
CITY-ST-ZIP Parkland, FL 33067

TITLE M ~~Change~~ ☐ Delete
NAME Mr. Karit SHAH
STREET ADDRESS 1608 NW 83rd
CITY-ST-ZIP Coral Springs, FL 33071

TITLE MGR ~~Change~~ ☐ Addition
NAME Mr. Karit SHAH
STREET ADDRESS 1608 NW 83rd
CITY-ST-ZIP Coral Springs, FL 33071

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 OF REGISTRAR: J. HATHI

1-31-2000

708 771 5475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #