

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90134 028 ****50.00

DOCUMENT # L98000000797

1. Entity Name

SUNANGELS, L.C.



Principal Place of Business

Mailing Address

**C/O GEETA DIAS
4801 N.W. 7TH STREET, SUITE 707
MIAMI FL 33126**

**C/O GEETA DIAS
4801 N.W. 7TH STREET, SUITE 707
MIAMI FL 33126**

2. Principal Place of Business

4970 N.W. 102 AVENUE

3. Mailing Address

4970 N.W. 102 AVENUE

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33178

Country

U.S.A.

Zip

33178

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0849505**

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

**FELDENKRAIS, MICHAEL ESQ.
FELDENKRAIS & ASSOCIATES, P.A.
290 N.W. 185TH STREET, PLAZA 100
MIAMI FL 33169**

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 **MGRM** ☐ Delete
NAME **PUNJABI, SURESH S**
STREET ADDRESS **4801 N.W. 7TH STREET, SUITE 707**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **PUNJABI, SURESH**
STREET ADDRESS **4970 N.W. 102nd AVENUE #202**
CITY-ST-ZIP **MIAMI, FL, 33178**

TITLE **MGRM** ☐ Delete
NAME **DIAS, GEETA**
STREET ADDRESS **4801 N.W. 7TH STREET, SUITE 707**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **MGRM** ☐ Change ☐ Addition
NAME **DIAS, GEETA**
STREET ADDRESS **4970 N.W. 102nd AVENUE #202**
CITY-ST-ZIP **MIAMI, FL, 33178**

TITLE ☐ Delete
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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 REQUIRED

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

Date

Daytime Phone #

4-17-03 (305) 406-2976

CR2E083 (10/02)