

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 31 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*my 4/12*



DO NOT WRITE IN THIS SPACE

DOCUMENT #

L98000001123

1. Entity Name  
FDN, L.C.

Principal Place of Business  
227 FAIRWAY DRIVE  
ORMOND BEACH FL 32176

Mailing Address  
227 FAIRWAY DRIVE  
ORMOND BEACH FL 32176-5423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-9108555

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DESAI, PRAMILA  
227 FAIRWAY DRIVE  
ORMOND BEACH FL 32176

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 NAME MGRM FERRINI, VINO ☐ Delete  
STREET ADDRESS 13624 GAMMA ROAD  
CITY- ST- ZIP DALLAS TX 75244

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

TITLE NAME MGRM DESAI, PRAMILA ☐ Delete  
STREET ADDRESS 227 FAIRWAY DRIVE  
CITY- ST- ZIP ORMOND BEACH FL 32176

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

TITLE NAME MGRM NARAN, BHUPATRAI P ☐ Delete  
STREET ADDRESS 13624 GAMMA ROAD  
CITY- ST- ZIP DALLAS TX 75244

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Change ☐ Addition  
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:

*PrAMILA DESAI* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

managing member,

3-29-2000

904-239-9795

Date

Daytime Phone #

CR2E083 (9/99)