## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCU  1. Entity Nar	IMENT # L9800		FILED				
•	SAL BUSINESS ENTERPRISE	01.11	AY 14 AM 9:	41			
				SECR	ETARY OF ST	ATE	
Principal Place of Business		Mailing Address		FALLA	ETARY OF STARASSEE, FLO	RIŌA	
3232 SW 2N		3232 SW 2ND AVE.					
#107	gr 117 h.	#107					
FORT LAUDE	ERDALE FL 33315	FORT LAUDERDALE FL 3	3315				
2. Principal Place of Business		3. Mailing Address			]		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	5-0863312	J	pplied For ot Applicable
Zip	*Country	Zip	Country	5. Certificate of Sta		\$5.00 Ad	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Register		
			Name				
NIAMAT, HAMID			Street Addre	ess (P.O. Box Number is No	ot Acceptable)		
	/ 2ND AVE., #107						<b>-</b>
FORT LA	UDERDALE FL 33315						
			City		' <b>F</b>	Zip Cod	et
8. The above	e named entity submits this statement for	r the purpose of changing its	registered office or regi	istered agent, or both, in the	ne State of Florida.	L.	
					1		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature rec	outred when reinstating)	DAT	F	
SIGNATURE	Signature, typed or printed name of registered agent a		: Registered Agent signature rec		DAT	E	
SIGNATURE	Signature, typed or printed name of registered agent a	FILE NO	OW!!! FEE IS \$50.	00	Į DAT	E	· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signature, typed or printed name of registered agent a	FILE NO		00	Į DAT	E	
SIGNATURE	Signature, typed or printed name of registered agent a	FILE NO Make Check Pa	OW!!! FEE IS \$50.	00	ADDITIONS/CHANG		
9.	MANAGING MEMBE	FILE NO Make Check Pa	OW!!! FEE IS \$50. yable to Departmen  10.  TITLE	00			☐ Addition
9.	MANAGING MEMBE MGRM PERSAD, DIANNE	FILE NO Make Check Pa	OW!!! FEE IS \$50. yable to Departmen  10.  TITLE NAME	00		ES	☐ Addition
9. TITLE NAME	MANAGING MEMBE MGRM PERSAD, DIANNE 94-218TH ST., QUEENS VILLAGE	FILE NO Make Check Pa	OW!!! FEE IS \$50. yable to Departmen  10.  TITLE	00		ES	Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM PERSAD, DIANNE 94-218TH ST., QUEENS VILLAGE NEW YORK NY 11428	FILE NO Make Check Pa	OW!!! FEE IS \$50. yable to Departmen  10.  TITLE NAME STREET ADDRESS	00		ES	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM PERSAD, DIANNE 94-218TH ST., QUEENS VILLAGE NEW YORK NY 11428 MGRM KHAN, TAMMY	FILE NO Make Check Pa	OW!!! FEE IS \$50. yable to Departmer  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	00		SES Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM PERSAD, DIANNE 94-218TH ST., QUEENS VILLAGE NEW YORK NY 11428 MGRM KHAN, TAMMY 1935 GARDINER LANE D46	FILE NO Make Check Pa	DW!!! FEE IS \$50.1 yable to Departmer  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	00		SES Change	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM PERSAD, DIANNE 94-218TH ST., QUEENS VILLAGE NEW YORK NY 11428 MGRM KHAN, TAMMY 1935 GARDINER LANE D46 LOUISVILLE KY 40205	FILE NO Make Check Pa	OW!!! FEE IS \$50. yable to Departmer  10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	00		Change	☐ Addition
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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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MENATURE REQUIRED 5/1/01 9545749473

ME AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylitre Phone #

APPRUVE