

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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DOCUMENT # L98000001963

1. Entity Name
NAGA USA, LLC

00 MAY -5 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
430 JEFFERSON DRIVE, APT. 204
DEERFIELD BEACH FL 33442

Mailing Address
430 JEFFERSON DRIVE, APT. 204
DEERFIELD BEACH FL 33442-9448



2. Principal Place of Business
18568 OCEAN MIST DRIVE

3. Mailing Address
18568 OCEAN MIST DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number 65-0871171

Applied For
Not Applicable

Zip 33498 Country USA

Zip 33498 Country USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODS, MARTIN B
200 EAST BROWARD BOULEVARD, SUITE 1900
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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

TITLE NAME MGRM LEE, KOK KAY ☐ Delete
STREET ADDRESS 230 JEFFERSON DRIVE, #430
CITY- ST- ZIP DEERFIELD BEACH FL 33442

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE NAME MGRM LEE, KOK KAY ☒ Change ☐ Addition
STREET ADDRESS 18568 OCEAN MIST DRIVE
CITY- ST- ZIP BOCA RATON FL 33498

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

(66/6) 180213-13