

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003889 AF

DOCUMENT # L98000002901

1. Entity Name  
SRMB, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 14 PM 2:23

Principal Place of Business  
7380 S.W. 122 STREET  
MIAMI FL 33156

Mailing Address  
7380 S.W. 122 STREET  
MIAMI FL 33156-5309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0893571

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

RAZZAGHI-AWAL, AMIR  
7380 S.W. 122 STREET  
MIAMI FL 33156

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 RAZZAGHI-AWAL, AMIR ☐ Delete  
STREET ADDRESS 7380 S.W. 122 STREET  
CITY- ST- ZIP MIAMI FL 33156

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003148753-5  
CITY- ST- ZIP -02/25/00--01108--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM MAZOR, DAVID ☐ Delete  
STREET ADDRESS 9980 S.W. 130 STREET  
CITY- ST- ZIP MIAMI FL 33176

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS my 2/23/00  
CITY- ST- ZIP

TITLE NAME MGRM SADEGHI, ALI ☐ Delete  
STREET ADDRESS 15455 S.W. 82ND COURT  
CITY- ST- ZIP MIAMI FL 33157

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
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STREET ADDRESS  
CITY- ST- ZIP

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:

**SIGNATURE REQUIRED**

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

2/5/00 (305) 716-2827  
Date Daytime Phone #

CR2E083 (9/99)