2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000146

1. Entity Name
NAJJAR ORLANDO, LLC

Principal Place of Business	Mailing Address
500 SOUTH OCEAN #2109 BOCA RATON FL 33432	500 SOUTH OCEAN #2109 BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	**4. FEI Number** 65-0998387	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**
NAJJAR, JORDAN 19414 40TH COURT MIAMI FL 33160	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 / STREET ADDRESS / CITY-ST-ZIP	MGRM NAJJAR, JORDAN 19414 40TH COURT MIAMI FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NAJJAR, RUTH 500 SOUTH OCEAN #2109 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	40000370911 4---3 --02/19/01--01024--020 *****50.00 *****50.00	☐ Change	☐ Addition
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CR2E083 (11/00)

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: _____ REQUIRED   2-7-01   54-393-0061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #