

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

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AF

DOCUMENT # L99000002582

1. Entity Name

TRADEPOINTE ORLANDO, L.L.C.

01 MAY -3 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business *Suite 1300* Mailing Address *Suite 1300*
200 SOUTH ORANGE AVENUE, #2000 200 SOUTH ORANGE AVENUE, #2000
ORLANDO FL 32801 ORLANDO FL 32801



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 59-3578794

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

KHANANI, M. OWAIS
5817 WEST HIGHWAY 192
KISSIMMEE FL 34747

Name

Street Address (P.O. Box Number is Not Acceptable)

200 S. Orange Avenue
Suite 1300

City

Orlando

FL

Zip Code

32801

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]
Signature, typed or printed name of registered agent and title if applicable.

M. Owaish Khanani

(NOTE: Registered Agent signature required when reinstating)

4-30-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME KHANANI, M. SALEEM
STREET ADDRESS 200 S. ORANGE AVE., #2000 Suite 1300
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME Suite 1300
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME KHANANI, M. OWAIS
STREET ADDRESS 200 S. ORANGE AVE., #2000 Suite 1300
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME Suite 1300
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME KHANANI, M. HANI
STREET ADDRESS 200 S. ORANGE AVE., #2000 Suite 1300
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME Suite 1300
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Addition
NAME C0000043358400
STREET ADDRESS -05/31/01--01041--019
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-01

Date

407/540-9191

Daytime Phone #

CR2E083 (11/00)