

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L99000005507

1. Entity Name

CHORSI HOLDINGS L.L.C.

00 MAY 22 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

19493 BAYBERRY CIRCLE  
HIALEAH FL 33018

Mailing Address

19493 BAYBERRY CIRCLE  
HIALEAH FL 33018-6257



2. Principal Place of Business

111 NE First st.

3. Mailing Address

111 NE First st.

Suite, Apt. #, etc.

Suite # 300

Suite, Apt. #, etc.

Suite # 300

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0949044

Applied For

Not Applicable

Zip

33132

Country

Zip

33132

Country

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHORSI, REZA

~~19493 BAYBERRY CIRCLE~~  
~~HIALEAH FL 33018~~

111 NE First st. #300  
Miami, FL 33132

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 MGR  
NAME CHORSI, REZA  
STREET ADDRESS 19493 BAYBERRY CIRCLE  
CITY-ST-ZIP HIALEAH FL 33018

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

800003283448--5  
-06/09/00--01100--003  
\*\*\*\*\*55.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

4-25-00 7864250437

CR2E083 (1/99)