## **2002 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 30, 2002 8:00 am Secretary of State DOCUMENT # **L99000005507** 1. Entity Name 04-30-2002 90119 033 \*\*\*\*50.00 CHORSI HOLDINGS L.L.C. Principal Place of Business Mailing Address 111 NE FIRST STREET, SUITE 300 111 NE FIRST STREET, SUITE 300 MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0949044 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHORSI, REZA Street Address (P.O. Box Number is Not Acceptable) 19493 BAYBERRY CIRCLE HIALEAH FL 33018 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. gent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE MGR TITLE ☐ Delete Change ☐ Addition CHORSI, REZA CHORSI, REZA NAME NAME STREET ADDRESS 19493 BAYBERRY CIRCLE STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33018 CITY-ST-ZIP ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

JRE: 1 E CA SUM SEQUIRED 4-22-02 305 357 59 69
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayline Phone #

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

■ Addition