

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006724

Entity Name

SUNPURE FLAVORS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 21 AM 10:02

Principal Place of Business

5299 US HWY 98 SOUTH
LAKELAND FL 33807

Mailing Address

5200 US HWY 98 SOUTH
LAKELAND FL 33813-4203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33813

Country

Zip

Country

4. FEI Number

59-3661426

Applied For

Not Applicable

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

LASHKAJANI, HADI B

5200 US HWY 98 SOUTH

LAKELAND FL 33813

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 MANAGING MEMBER ☐ Delete
NAME HADI LASHKAJANI
STREET ADDRESS 5200 US HWY 98 SOUTH
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ Change ☐ Addition
NAME 200003380232--1
STREET ADDRESS -09/01/00--01053--026
CITY-ST-ZIP *****50.00 *****50.00
☐ Change ☐ Addition

TITLE A M TODD GROUP MGR ☐ Delete
NAME 1717 DOUGLOS AVE
STREET ADDRESS KILPATRICK MICHIGAN 49005
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

CR2E083 (9/99)