

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006968

1. Entity Name

BT SUPER USA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 15 AM 11:05

REINSTATEMENT 2000

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

320 NORTH BLVD OF THE PRESIDENTS
SARASOTA, FL 34236

PO BOX 3319
SARASOTA, FL 34230

2. Principal Place of Business

320 N BLVD OF THE PRESIDENTS
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 3319
Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0958940

Applied For

Not Applicable

Zip

Country

USA

Zip

34230

Country

USA

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

Name

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

320 N Blvd of the Presidents

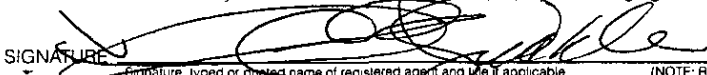
City

Sarasota

FL

Zip Code
34236

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  11-7-00
(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 ☐ Delete

MANAGING MEMBER
HAMED A TALEB
320 N BLVD OF THE PRESIDENTS
Sarasota, FL 34236

TITLE NAME ☐ Change ☐ Addition

Authorized Signature
Ann Muckhe
320 N Blvd of the Presidents
Sarasota, FL 34236

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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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  11-7-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date

Da, time Phone #