

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -8 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009129

1. Entity Name

SAHARASOFT LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

716 N. CHIPPEWA CIRCLE

3. Mailing Address

716 N. CHIPPEWA CIRCLE

Suite, Apt. #, etc.

BOYNTON BEACH

Suite, Apt. #, etc.

BOYNTON BEACH

City & State

FL

City & State

FL

Zip

33426

Country

USA

Zip

33426

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ 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

Name

ROBERT KELLY

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

716 N. CHIPPEWA CIRCLE

BOYNTON BEACH

33426

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

4/26/2000

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

9. MANAGING MEMBERS/MEMBERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	MANAGING MEMBER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PAUL DAVIS		
STREET ADDRESS	409 ASBURY WAY		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		
TITLE	MANAGING MEMBER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBERT KELLY		
STREET ADDRESS	716 N. CHIPPEWA CIRCLE		
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		
TITLE	MANAGING MEMBER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KHALIL SEKHAT		
STREET ADDRESS	11211 S. MILITARY TRAIL #4313		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/26/2000 (561) 732-8122

CR2E083 (11/99)