

# 2001 UNIFORM BUSINESS REPORT (UBR)

142

0015087 AF

DOCUMENT # L99000009129

1. Entity Name

SAHARASOFT LLC

FILED

01 MAR -8 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

716 N. CHIPPEWA CIRCLE  
BOYNTON BEACH FL 33426

716 N. CHIPPEWA CIRCLE  
BOYNTON BEACH FL 33426

2. Principal Place of Business

3. Mailing Address

716 N. Chippewa Circle

716 N. Chippewa Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boynton Beach, FL

Boynton Beach, FL

Zip

Country

Zip

Country

33436

US

33436

US

4. FEI Number

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, ROBERT  
716 NORTH CHIPPEWA CIRCLE  
BOYNTON BEACH FL 33426

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

2/24/01

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
DAVIS, PAUL  
409 ASBURY WAY  
BOYNTON BEACH FL 33426

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KELLY, ROBERT  
716 N. CHIPPEWA CIRCLE  
BOYNTON BEACH FL 33426

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SEKKAT, KHALIL  
11211 S. MILITARY TRAIL, SUITE 4313  
BOYNTON BEACH FL 33436

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

MGRM  
Kelly, Robert  
716 N. Chippewa Circle  
Boynton Beach, FL 33436  
MGRM  
Sekkat, Khalil  
4401 Roxbury Court, Boynton Beach, FL 33436

200003891242--2  
03/21/01 01106 013  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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, 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

I further certify that the information regarding member or manager of the

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/24/01

(561) 739-2871

CR2E083 (11/00)

242

Form <b>SS-4</b> (Rev. April 2000) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) <b>► Keep a copy for your records.</b>	EIN  OMB No. 1545-0003
---	---	------------------------------

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>SAHARASOFT LLC</b>	3 Executor, trustee, "care of" name
	2 Trade name of business (if different from name on line 1)	
	4a Mailing address (street address) (room, apt., or suite no.) <b>716 N. CHIPPEWA Circle</b>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>BOYNTON BEACH FL 33436</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>PALM BEACH, FLORIDA</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>ROBERT P. KELLY (580-15-6023)</b>	

8a Type of entity (Check only one box.) (see instructions)  
**Caution: If applicant is a limited liability company, see the instructions for line 8a.**

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
---	-------	-----------------

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ► <b>CONSULTING</b>	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)	11 Closing month of accounting year (see instructions)
--	--

12 First date wages or annuities were paid or will be paid (month, day, year). **Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)** . . . . . ►

13 Highest number of employees expected in the next 12 months. <b>Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)</b> . . . . . ►	Nonagricultural - 0 -	Agricultural - 0 -	Household - 0 -
---	--------------------------	-----------------------	--------------------

14 Principal activity (see instructions) ► **INFORMATION TECHNOLOGY CONSULTING**

15 Is the principal business activity manufacturing? . . . . . ☐ Yes ☒ No  
If "Yes," principal product and raw material used ►

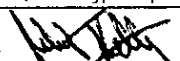
16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A  
☐ Public (retail) ☐ Other (specify) ►

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☒ No  
**Note: If "Yes," please complete lines 17b and 17c.**

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. <b>ROBERT P. KELLY</b> <b>PARTNER</b> Name and title (Please type or print clearly.) ►	Business telephone number (include area code) <b>(561) 732-8133</b> Fax telephone number (include area code) ( )
---	---

Signature ►  Date ► **3/5/01**