

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-10-2003 90022 029 ***150.00

DOCUMENT # M02000002005

1. Entity Name

UIS, LLC



Principal Place of Business

2501 CANTERBURY CIRCLE
ROCKLEDGE FL 32955

Mailing Address

2501 CANTERBURY CIRCLE
ROCKLEDGE FL 32955

2. Principal Place of Business

2501 CANTERBURY CIR.

Suite, Apt. #, etc.

3. Mailing Address

2501 CANTERBURY CIR

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

ROCKLEDGE FL

City & State

ROCKLEDGE FL

4. FEI Number

03-0394862

Applied For

Not Applicable

Zip

32955

Country

USA

Zip

32955

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
HAYDAR HABA
37 CAMPAN CIRCLE N.W.
GRAND RAPIDS, MI 49503

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
IBRAHIM HABA
2501 CANTERBURY CIR.
ROCKLEDGE, FL 32955

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-7-2003 321-427-7139

CR2E083 (10/02)