03-17-2005 90015 038 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M04000000528

1. Entity Name: MECCA ENTERPRISES LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 29 PM 3:00
40033563

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2. Principal Place of Business	3. Mailing Address
250 OLD LAKEMARY RD.	250 OLD LAKEMARY RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKEMARY, FL	City & State: LAKEMARY, FL
Zip: 32746-3001 Country: U.S.A.	Zip: 32746-3001 Country: U.S.A.

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4. FEI Number: 38-3687859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Ali Asmar

Street Address (P.O. Box Number is Not Acceptable): 250 old Lakemary Rd.

City: Lakemary FL Zip: 32746

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Ali M. Asmar
STREET ADDRESS	250 Old Lakemary Rd.
CITY-ST-ZIP	Lakemary, Fl 32746-3001
TITLE	VP and Managing Member
NAME	Suzanne M. Asmar
STREET ADDRESS	250 Old Lakemary Rd.
CITY-ST-ZIP	Lakemary, Fl 32746-3001
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE Suzanne M. Asmar Suzanne M. Asmar 03/14/2005 407-330-2360