

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** M95000000069  
**1. Entity Name**  
 CYCLO INDUSTRIES, LLC, L.C.

**FILED**

2001 MAY -2 PM 3:02

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 10190 RIVERSIDE DR.  
 PALM BEACH GARDENS, FL 33410

**2. Principal Place of Business**      **3. Mailing Address**  
 SAME      SAME  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**4. FEI Number**      **Applied For**  
 35-1945374      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**  
 CT CORPORATION  
 1200 S. PINE ISLAND RD.  
 SUITE 250  
 PLANTATION, FL 33324

**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.**  
 SIGNATURE \_\_\_\_\_ (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**

TITLE	MANAGING MEMBER <input type="checkbox"/> Delete
NAME	SATESH SHAH
STREET ADDRESS	10190 RIVERSIDE DR
CITY-ST-ZIP	P.B. GARDENS, FL 33410
TITLE	MEMBER <input type="checkbox"/> Delete
NAME	NAJEEB RAHAN
STREET ADDRESS	10190 RIVERSIDE DR
CITY-ST-ZIP	P.B. GARDENS, FL 33410
TITLE	MEMBER <input type="checkbox"/> Delete
NAME	PAT RUSZKOWSKI
STREET ADDRESS	10190 RIVERSIDE DR.
CITY-ST-ZIP	P.B. GARDENS, FL 33410
TITLE	MEMBER <input type="checkbox"/> Delete
NAME	SPANTAN CHENZALIS
STREET ADDRESS	10190 RIVERSIDE DR.
CITY-ST-ZIP	P.B. GARDENS FL 33410
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100004336781 -- 1
STREET ADDRESS	-05/31/01--01091--019
CITY-ST-ZIP	*****50.00      *****50.00
TITLE	55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	55.00
STREET ADDRESS	
CITY-ST-ZIP	
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 an 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:** Satesh Shah      **SATESH SHAH**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (1/1/00)