

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001445

1. Entity Name
SIRGANY I.P., LLC

FILED

00 JAN 28 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6910 N.W. 12TH STREET
MIAMI FL 33126

Mailing Address
6910 N.W. 12TH STREET
MIAMI FL 33126-1336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0883224

Applied For
Not Applicable

Zip Country

Zip Country

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

KAYAL, RAYMOND J JR.
6910 N.W. 12TH STREET
MIAMI FL 33126

Name
KAYAL, RAYMOND J.

Street Address (P.O. Box Number is Not Acceptable)
6910 N.W. 12TH STREET

City
MIAMI, FL 33126 **FL** Zip Code **33126**

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]

(NOTE: Registered Agent signature required when reinstating)

1/22/00

DATE

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
SIRGANY HOLDINGS, LLC
6910 N.W. 12TH STREET
MIAMI FL 33126

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

800003117158--2
-02/01/00--01013--005
*******300.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1/22/00 305-594-5757

FF \$50.00
je