

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M98000001454**

1. Entity Name  
**SIRGANY HOLDINGS, 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



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**

DO NOT WRITE IN THIS SPACE

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** Zip Code **FL 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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *1/22/00*

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **RJKAYAL ENTERPRISES, LTD.**  
CITY-ST-ZIP **6910 N.W. 12TH STREET MIAMI FL 33126**

TITLE  Change  Add  
NAME **700003117157**  
STREET ADDRESS **-02/01/00--01013--005**  
CITY-ST-ZIP **\*\*\*\*300.00 \*\*\*\*\*50.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
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STREET ADDRESS  
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TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date *1/22/00*

Daytime Phone # *305-594-5754*