

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003989 AF

DOCUMENT # L98000002901

1. Entity Name  
SRMB, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 14 PM 2:23

Principal Place of Business  
7380 S.W. 122 STREET  
MIAMI FL 33156

Mailing Address  
7380 S.W. 122 STREET  
MIAMI FL 33156-5309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number \ 65-0893571		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RAZZAGHI-AWAL, AMIR				Name			
7380 S.W. 122 STREET				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33156				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			10. ADDITIONS / CHANGES		
TITLE NAME	MGRM RAZZAGHI-AWAL, AMIR	<input type="checkbox"/> Delete	TITLE NAME	300003148753-5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7380 S.W. 122 STREET		STREET ADDRESS	-02/25/00--01108--009	
CITY- ST- ZIP	MIAMI FL 33156		CITY- ST- ZIP	*****50.00 *****50.00	
TITLE NAME	MGRM MAZOR, DAVID	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9980 S.W. 130 STREET		STREET ADDRESS	<i>mj 2/23/00</i>	
CITY- ST- ZIP	MIAMI FL 33176		CITY- ST- ZIP		
TITLE NAME	MGRM SADEGHI, ALI	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	15455 S.W. 82ND COURT		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33157		CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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 REQUIRED 2/5/00 (305) 716-2827  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)