

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90006 041 ****50.00

0019454

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1. Entity Name
SRMB, L.C.

Principal Place of Business

Mailing Address

7380 S.W. 122 STREET
MIAMI FL 33156

7380 S.W. 122 STREET
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

7957 NW 54 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

4. FEI Number 65-0893571

Applied For

Not Applicable

Zip

Country

Zip

Country

33166

USA

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

RAZZAGHI-AWAL, AMIR
7380 S.W. 122 STREET
MIAMI FL 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	MGRM RAZZAGHI-AWAL, AMIR 7380 S.W. 122 STREET MIAMI FL 33156		
	MGRM MAZOR, DAVID 9980 S.W. 130 STREET MIAMI FL 33176		
	MGRM SADEGHI, ALI 15455 S.W. 82ND COURT MIAMI FL 33157		

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 OF DAVID MAZOR 2/21/03 305-471-0213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)