

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000183

1. Entity Name
H.K.L., L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:43

Principal Place of Business Mailing Address
C/O GUNSTER, YOAKLEY, VALDES-FAULI P.A. C/O GUNSTER, YOAKLEY, VALDES-FAULI P.A.
777 S. FLAGLER DR., SUITE 500 EAST TOWER 777 S. FLAGLER DR., SUITE 500 EAST TOWER
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-6161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0728407		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$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			
VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DR. SUITE 500-EAST TOWER WEST PALM BEACH FL 33401				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 KUKWA-LEMMERZ, HORST 777 S. FLAGLER DR., SUITE 500 EAST TOWER WEST PALM BEACH FL 33401	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	inf 3/20/00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	300003179203--6 -03/22/00--01019--009 *****50.00 *****50.00 ☐ Change ☐ Addition		
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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 REQUIRED

Feb. 20, 2000

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

Date

Daytime Phone #

CR2E083 (9/99)