

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000252

1. Entity Name

KFIR EQUITIES, LLC



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90585 039 ****50.00

0014163

Principal Place of Business

Mailing Address

% EVAN R. MARBIN & ASSOCIATES, P.A.
48 EAST FLAGLER ST., SUITE PH-104
MIAMI FL 33131

% EVAN R. MARBIN & ASSOCIATES, P.A.
48 EAST FLAGLER ST., SUITE PH-104
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1100643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARBIN, EVAN R. EQ.
% EVAN R. MARBIN & ASSOCIATES, P.A.
48 EAST FLAGLER ST., SUITE PH-104
MIAMI FL 33131

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

TITLE NAME ☐ Delete
MGRM
MARBIN, EVAN
STREET ADDRESS 48 E FLAGLER STREET PENTHOUSE 104
CITY-ST-ZIP MIAMI FL 33131

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGRM
MARBIN, SHERNE
STREET ADDRESS 48 E FLAGLER STREET PENTHOUSE 104
CITY-ST-ZIP MIAMI FL 33131

TITLE NAME ☒ Change ☐ Addition
MARBIN, SHERRIE COHEN
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Evan R. Marbin, MGRM 2/27/03

(305) 371-2248

Date

Daytime Phone #

CR2E083 (10/02)