

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000359**

1. Entity Name

KAVON, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 24 AM 10:02

Principal Place of Business

2030 SOUTH OCEAN DRIVE  
HALLANDALE FL 33009

Mailing Address

2030 SOUTH OCEAN DRIVE  
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, NICHOLAS M. ESQ.  
C/O THERREL BAISDEN, P.A.  
ONE S.E. THIRD AVENUE, SUITE 2400  
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$1,079,833.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000021322**  
NAME **MADEHARRY, INC.**  
STREET ADDRESS **2030 SOUTH OCEAN DRIVE**  
CITY-ST-ZIP **HALLANDALE FL 33009**

STREET ADDRESS

CITY-ST-ZIP

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Nicholas M. Daniels*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/22/2000  
Date

Daytime Phone #

CR2E003 (5/00)