

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **A9900000359**

02 JUN 18 PM 3:04

1. Entity Name
KAVON, LTD.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business 2030 SOUTH OCEAN DRIVE	3. Mailing Address 2030 SOUTH OCEAN DRIVE
Suite, Apt. #, etc. #1721	Suite, Apt. #, etc. #1721
City & State HALLANDALE, FL	City & State HALLANDALE, FL
Zip 33009	Zip 33009
Country U.S.A.	Country U.S.A.

4. FEI Number
65-0906860

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DANIELS, NICHOLAS M. ESQ.
Street Address (P.O. Box Number is Not Acceptable) C/O THERREL BAISDEN, P.A.
ONE S.E. THIRD AVENUE, SUITE 2400
City MIAMI
FL Zip Code 33131

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

DATE
5/2/02

9. Capital Contributions
as Shown on record. **1,079,833.00**

10. Amount of Capital Contributions
in FLORIDA to date. **163,686.00**

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

DOCUMENT #	P99000021322
NAME	MADEHARRY, INC.
STREET ADDRESS	2030 SO. OCEAN DRIVE, #1721
CITY-ST-ZIP	HALLANDALE, FL 33009

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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: *Madeline Novak*

DATE: **6/10/02**

CR2E003B (12/01)