

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000359

1. Entity Name
KAVON, LTD.



FILED
03 MAY -2 PM 6:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

Principal Place of Business
2030 SOUTH OCEAN DRIVE
#1721
HALLANDALE FL 33009

Mailing Address
2030 SOUTH OCEAN DRIVE
#1721
HALLANDALE FL 33009



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0906860

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE

Madelaine Horch

4/29/03

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

DATE

9. Capital Contributions
as Shown on record.

\$1,079,833.00

10. Amount of Capital Contributions
in FLORIDA to date.

159,754

11. MAKE CHECK PAYABLE TO FL. 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, APT. #1721
CITY-ST-ZIP HALLANDALE FL 33009

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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:

Madelaine Horch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/03

Date

Daytime Phone #

CRZE003 (10/02)

0009029 AT

STAPLE CHECK HERE