

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90002 027 \*\*\*\*50.00

**DOCUMENT # L00000002573**

1. Entity Name

KAMINIA INVESTMENT CO., L.L.C. ✓

Principal Place of Business

4875 NORTH FEDERAL HWY  
7TH FL  
FORT LAUDERDALE FL 33308

Mailing Address

4875 NORTH FEDERAL HWY  
7TH FL  
FORT LAUDERDALE FL 33308

2. Principal Place of Business

P.O. BOX 1046

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1046

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH FLORIDA

City & State

DELRAY BEACH FLORIDA

4. FEI Number

65-0995059

Applied For

Not Applicable

Zip

Country

33447 USA

Zip

Country

33447 USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R  
4875 NORTH FEDERAL HWY 7TH FL  
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Michael Leventis

Street Address (P.O. Box Number is Not Acceptable)

938 Dogwood Drive

City

Delray Beach

FL

Zip Code

33483

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

MICHAEL LEVENTIS

(NOTE: Registered Agent signature required when reinstating)

7/17/2002

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CCEO  
LEVENTIS, MICHAEL  
938 DOGWOOD DR.  
DELRAY BEACH FL 33483 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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CR2E083 (4/02)

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

7/17/2002 (861)-703-1381

Date

Daytime Phone #