

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90014 034 \*\*\*\*50.00

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**DOCUMENT # L00000004026**

1. Entity Name

**KRAVITZ AND ASSOCIATES, P.L.**



Principal Place of Business

**73 ABBEY ROAD  
LONDON NW1 0AE ENGLAND FL 33065**

Mailing Address

**1 MAIDA AVENUE, FLAT 4  
LONDON W2 1TE  
ENGLAND UK  
UK**

2. Principal Place of Business

3. Mailing Address

**149 MAIDA AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**FLAT 15**

City & State

City & State

**LONDON**

Zip

Country

Zip

Country

**W9 1QR**

**UK**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAVITZ, PAUL  
4320 NW 101 DRIVE  
CORAL SPRINGS FL 33065**

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 reinstalling)

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 **MGR** ☐ Delete  
NAME **KRAVITZ, ADAM**  
STREET ADDRESS **1 MAIDA AVE, FLAT 4**  
CITY-ST-ZIP **LONDON W2 1TE ENGLAND UK**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **15 HAMILTON COURT, 149 MAIDA AVE**  
CITY-ST-ZIP **LONDON W9 1QR UK**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 REQUIRED**

**1 MAY 03 1447767 758114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)