

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90093 007 ****50.00

DOCUMENT # L000Q0006122

1. Entity Name
KILARIS U.S., L.L.C.

Principal Place of Business
**1946 NE 163 ST.
 NORTH MIAMI BEACH FL 33162**

Mailing Address
**1946 NE 163 ST.
 NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business
KILARIS US LLC
 Suite, Apt. #, etc.
1946 NE 163 STREET
 City & State
NORTH MIAMI BEACH FL
 Zip
33162
 Country
USA

3. Mailing Address
KILARIS US LLC
 Suite, Apt. #, etc.
1946 NE 163 STREET
 City & State
NORTH MIAMI BEACH FL
 Zip
33162
 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1019084** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NIKOLAEVICH KUDLAY, VLADIMIR
 19221 NE 10TH AVE. #317
 NORTH MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent

Name
VLADIMIR NIKOLAEVICH KUDLAY
 Street Address (P.O. Box Number is Not Acceptable)
1690 NE 191 STREET #405
 City
NORTH MIAMI BEACH FL Zip Code
33179

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 **VLADIMIR KUDLAY**

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

(NOTE: Registered Agent Signature required when reinstating)

04.06.2002

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
 NAME
NIKOLAEVICH KUDLAY, VLADIMIR
 STREET ADDRESS
19221 NE 10TH AVE. #317
 CITY-ST-ZIP
NORTH MIAMI BEACH FL 33179

☐ Delete

10. ADDITIONS/CHANGES

TITLE
MGR
 NAME
NIKOLAEVICH KUDLAY, Vladimir
 STREET ADDRESS
1690 NE 191 Street #405
 CITY-ST-ZIP
NORTH MIAMI BEACH FL 33179

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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** **04.06.2002 305-919-9430**

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

Date

Daytime Phone #

CR2E083 (9/01)