

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-05-2002 90001 040 ****50.00

DOCUMENT # L00000008009

1. Entity Name

KAMI INTERNATIONAL, LLC

Principal Place of Business

23260 MIRABELLA CIRCLE
 BOCA RATON FL 33433

Mailing Address

23260 MIRABELLA CIRCLE
 BOCA RATON FL 33433

2. Principal Place of Business

2888 N. UNIVERSITY DR
 Suite, Apt. #, etc.

3. Mailing Address

2888 N. UNIVERSITY DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-1031402

APPLIED FOR

Applied For

Not Applicable

Zip

FL 33065

Country

BROWARD

Zip

33065

Country

BROWARD

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ISRAEL, ELDAD
 23260 MIRABELLA CIRCLE
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Iyad Asad

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

2888 N. UNIVERSITY DRIVE

City

Coral Springs

FL

Zip Code

33085

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

Iyad Asad

02/16/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

| | | |
|------------------------------------------------|------------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES ISRAEL, ELDAD 23260 MIRABELLA CIRCLE BOCA RATON FL 33433 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 23213 VIA STEL BOCA RATON FL 33433 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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]

02/16/02 (954) 344 4446

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

Date

Daytime Phone #

CR2E083 (9/01)