

2002 UNIFORM BUSINESS REPORT (UBR)

0008705

DOCUMENT # L00000008708

FILED

02 APR 29 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name

KINGSWAY COMMERCIAL ENTERPRISES LLC

Principal Place of Business

941 FOURTH ST., #200M
MIAMI BEACH FL 33139

Mailing Address

941 FOURTH ST., #200M
MIAMI BEACH FL 33139

2. Principal Place of Business

1333 N. Duval St.

Suite, Apt. #, etc.

3. Mailing Address

1333 N. Duval St.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

Country

32302

City & State

Tallahassee, FL

Zip

Country

32302

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

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Florida Filing & Search Services, Inc.

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

1333 N. Duval St.

City

Tallahassee

FL

Zip Code

32302

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

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 MGR
STREET ADDRESS BALMORAL MANAGEMENT LLC
CITY-ST-ZIP 400 7TH ST., NW
WASHINGTON DC 20004

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
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CITY-ST-ZIP

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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:

Janet M. Caruccio

Janet M. Caruccio

Auth. Rep.

4-24-02

302-421-5750

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

Date

Daytime Phone #

CR2E083 (9/01)

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PH: (850) 668-4318 FX: (850) 668-3398

DATE: 04-29-02

ACCOUNT NO: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

TYPE OF FILING: UNIFORM BUSINESS REPORTS

NAME: 33 LIMITED LIABILITY COMPANIES

SPECIAL INSTRUCTIONS: NONE

\$1650.00

RECEIVED
02 APR 29 PM 1:07
DIVISION OF CORPORATION