

# 2002 UNIFORM BUSINESS REPORT (UBR)

000567

DOCUMENT # L00000008759

1. Entity Name

KINGSWAY TECHNOLOGIES LLC

FILED

02 APR 29 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

941 FOURTH STREET #200M  
MIAMI BEACH FL 33139

Mailing Address

941 FOURTH STREET #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.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

Zip  
32302

Country

City & State

Tallahassee, FL

Zip  
32302

Country

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 NETWORKS 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.

*Robert Hodge*

(NOTE: Registered Agent signature required when reinstating)

4/26/02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR ☐ Delete  
STREET ADDRESS BALMORAL MANAGEMENT LLC  
CITY-ST-ZIP 400 7TH STREET NW  
WASHINGTON DC 20004

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
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:

*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**

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DATE: 04-29-02

ACCOUNT NO: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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*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