

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008935

1. Entity Name  
**KRK SYSTEMS, L.L.C.**

**FILED**

**OCT -1 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

2821 EVANS STREET  
HOLLYWOOD FL 33020

Mailing Address

2821 EVANS STREET  
HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5452 Business Dr

3. Mailing Address

3000 SW 42 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Huntington Beach, CA

City & State

Hollywood, FL

4. FEI Number

65-1028504

Applied For

Not Applicable

Zip

92649

Country

Orange

Zip

33312

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HKE&F REGISTERED AGENT, CORP.  
2601 SOUTH BAYSHORE DRIVE, SUITE 600  
MIAMI FL 33133**

7. Name and Address of New Registered Agent

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.

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 September 26, 2001**

**400004621724--2  
-10/03/01--01052--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	COHEN, GERARD M	2821 EVANS STREET	HOLLYWOOD FL 33020	<input type="checkbox"/>
MGR	DAVOUD HASBANI KERMANCHAH	VIA MOSCAVA 30	20121 MILANO, ITALY	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	COHEN, GERARD	3000 SW 42 Street	Hollywood, FL 33312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**

9/24/01

954 689-8833

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

Date

Daytime Phone #

CR2E083 (5/01)