2001-2002

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # LOOCOOO LOSSO 1. Entity Name		02 OCT 22 AM 8: 55	
KRKA, LKC		SECRETARY OF STATE JALLAHASSEE, FLORIDA	
		WELLI WOOLE I'V	/ NO/
		,	
DO NOT WRITE IN THIS SPA	AUE .		•
2. Principal Place of Business 3. Mailing Address		•	
2500 N. Federal Highway 2500 N. Federal Highway		DO NOT WRITE IN THIS SPA	4CE
Suite 102 Suite 102		4. FE) Number	Applied For
FORT Cauderdale FC FORT Cauderdi	Ale, FL.	65-1040-162	Not Applicable
	Country	5. Certificate of Status Desired	5.00 Additional e Required
35503 0 314		7. Name and Address of Current Registered A	gent
Name Name Townson			
Street Address IP. Ook Nutries is A Copyright of the Copy			
IN THIS SPACE			
	CHY BOLA	Raton FL	Zio Code 33434
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.			
(Kottle for Lucias Waraing Hender / Hathleon Tomasso Secretary 10/21/02			
SIGNATURE Signature, typed or printed name or registered agent and title if applicable.			
FEE IS \$50.00 Make Check Payable to Department of State			
Make Cliecuses	E BY MAY 1		
9. MANAGING MEMBERS/MANAGERS			A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE WANAGING MEMber	TITLE NAME		
NAME HATCHON TOMASSO	STREET ADORESS		
CITY-ST-ZIP BOCCO 201200, FC 33434	CITY-ST-ZIP		
TITLE Managing Member / Secretary	TITLE	1,0000851	9141
NAME KATHLEEN TOMASSO STREET ADDRESS 3025 ANDrews Place	STREET ADDRESS	10/22/0201102001	**100.00
CITY-ST-ZIP BOCA ROSTON, FC. 3543Y	CITY-ST-ZIP		
TITLE	NAME		
NAME : STREET ADDRESS	STREET ADDRESS	DO NOT WRIT	
CITY-ST-ZIP	TITLE	IN THIS SPAC	
TITLE NAME	NAME		
STREET ADDRESS	STREET ADDRESS CITY ST-ZIP		
CITY-SI-ZIP	mue .		
TITLE NAME	NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	CITY+ST-ZIP		
TITLE	JILE C		
NAME	NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	, CITY-ST-ZIP	and Orthon Florida Carriago I England	tify that the information
Try-sr-zip 11. I hereby certify that the information supplied with this filing does not qualify for indicated on this report is true and accurate and that my signature shall have indicated on this report is true and accurate trustee empowered to execute this.	r the exemption stated in the same legal effect as	Section 119.07(3)(i), Florida Statutes, Fruittier Centification if made under oath; that I am a managing member	er or manager of the
inicicated on this report is true and accurate and that my signature shall have limited liability company or the receiver or trustee empowered to execute this	report as required by Ch	артег вов, нюпов Statutes.	

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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KRKA, LLC

2500 N. Federal Highway, Suite 102 Fort Lauderdale, FL. 33305 Tel: 954-568-3511

Fax: 954-568-3724

02 OCT 22 AM 8:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 21, 2002

Division of Corporations Registration Section 409 E. Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

Enclosed please find our Uniform Business report. This Corporation has never received the Uniform Business report for 2001.

Enclosed please find our check in the amount of \$100.00 which is for 2001 and 2002.

I would like to request that a reinstatement letter be forthcoming as quickly as possible that it is needed for some funding and the reinstatement letter is needed before that can be done. It would need to be received by us prior to 10-28-02.

Anything that you can do to expedite this quickly would greatly be appreciated.

Thank you,

athleen Tomasso

Managing Member/Secretary