LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90121 019 ****50.00

DOCUMENT # L00000011113

1. Entity Name
KISS OF SOUTH BEACH, LLC

DO NOT WRITE IN THIS SPACE

B0042233

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
301 Lincoln Road	301 Lincoln Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. FEI Number 06-1623628 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jonathan D. Beloff, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1111 Lincoln Road #400

City: Miami Beach FL Zip Code: 33139

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	Robert Rifkin	NAME	
STREET ADDRESS	3605 S. Tamarac Drive	STREET ADDRESS	
CITY-ST-ZIP	Denver, CO 80237	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	David I. Tornek	NAME	
STREET ADDRESS	3605 S. Tamarac Drive	STREET ADDRESS	
CITY-ST-ZIP	Denver CO 80237	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	Gerald N. Kernis	NAME	
STREET ADDRESS	3605 S. Tamarac Drive	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Denver CO 80237	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083B (12/01)

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: _____ 2/26/02 305-695-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

DAVID I. TORNEK