

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013542

1. Entity Name

KINGSLEY COURTS L.C.

FILED

01 JUL 20 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9421 SW 123 AVENUE
MIAMI FL 33186

Mailing Address

9421 SW 123 AVENUE
MIAMI FL 33186

2. Principal Place of Business

16605 NW 70 AVE

3. Mailing Address

16605 NW 70 AVE

Suite, Apt. #, etc.

MIAMI LAKES FL

Suite, Apt. #, etc.

MIAMI LAKES, FL

City & State

City & State

4. FEI Number

651-06-7017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

Zip
33014

Country
USA

Zip
33014

Country
USA

6. Name and Address of Current Registered Agent

VAZQUEZ, OSCAR M
9421 SW 123 AVENUE
MIAMI FL 33186

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004509770--6

07/31/01-01065-005

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VAZQUEZ, OSCAR M
9421 SW 123 AVENUE
MIAMI FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SALVADOR MURCIA, JULIO
11421 SW 25TH COURT
DAVIE FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALBERTO IZNAGA, JORGE
1911 N.W. 137 TERRACE
PEMBROKE PINES FL 33028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
16605 NW 70 AVE
MIAMI LAKES, FL 33014

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

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

4/1/01

305-471-4537

Date

Daytime Phone #

0026155 AF

CR2E083 (11/00)