

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90957 011 ****50.00

DOCUMENT # L01000003199

1. Entity Name

KYRIS ENTERPRISES, L.L.C.

Principal Place of Business

**4219 WINCHESTER LANE
 WEST PALM BEACH FL 33406**

Mailing Address

**4219 WINCHESTER LANE
 WEST PALM BEACH FL 33406**

2. Principal Place of Business

20 Russell Court

Suite, Apt. #, etc.

3. Mailing Address

20 Russell Court

Suite, Apt. #, etc.

City & State

Venus, FL

City & State

Venus, FL

Zip

33960

Country

USA

Zip

33960

Country

USA

4. FEI Number

65-1104185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

EWING, CORALIS

4219 WINCHESTER LANE

WEST PALM BEACH FL 33406

**20 Russell Court
 Venus, FL
 33960**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 **CORALIS EWING, MANAGER**

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

(NOTE: Registered Agent signature required when reinstating)

Coralis Ewing

3/25/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **EWING, CORALIS**
 STREET ADDRESS **4219 WINCHESTER LANE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **MGR** ☐ Delete
 NAME **HEILMAN, KRIS W**
 STREET ADDRESS **3915 S. FLAGLER DRIVE #201**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE REQUIRED

CORALIS EWING, MANAGER

3/25/02 (863) 465-3828

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

Date

Daytime Phone #

CR2E083 (9/01)