

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90610 010 ****50.00

DOCUMENT # L01000004575

1. Entity Name

MIZNER TKA, LLC

Principal Place of Business

**450 S.E. 5TH AVE., UNIT N-1101
 BOCA RATON FL 33432**

Mailing Address

**450 S.E. 5TH AVE., UNIT N-1101
 BOCA RATON FL 33432**

DUUU - 27168

2. Principal Place of Business

450 S.E. 5TH AVE.

3. Mailing Address

450 S.E. 5TH AVE.

Suite, Apt. #, etc.

UNIT N-1101

Suite, Apt. #, etc.

UNIT N-1101

City & State

FL Boca Raton

City & State

Boca Raton FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. FEI Number

X 52-2319804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KOTLAROVA, TATJANA
 450 S.E. 5TH AVE., UNIT N-1101
 BOCA RATON FL 33432**

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 file 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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete
 NAME **TATJANA KOTLAROVA**
 STREET ADDRESS **450 S.E. 5TH AVE., UNIT N-1101**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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
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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: **X**

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

Date

Daytime Phone #

CP2E083 (9/01)

561-
 362-4221