

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90001 011 ****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**

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

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE

**P
KOTLAROVA, TATJANA
450 SE 5 AVENUE- UNITN-1101
BOCA RATON FL 33432**

☐ Delete

TITLE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

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10. ADDITIONS/CHANGES

TITLE

**NAME
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CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ 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:

TATJANA KOTLAROVA 03/12/03 561-362-4221

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

Date

Daytime Phone #

CR2E083 (10/02)