

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90019 037 ****50.00

907764



DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000011629

1. Entity Name

K&J LEASE HOLDING, LLC

Principal Place of Business

**6598 N.W. 97 DRIVE
PARKLAND FL 33076**

Mailing Address

**6598 N.W. 97 DRIVE
PARKLAND FL 33076**

2. Principal Place of Business

3300 University Drive

3. Mailing Address

3300 University Drive

Suite, Apt. #, etc.

711

Suite, Apt. #, etc.

711

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

65-1123184

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAHN, JEFFREY B
6598 N.W. 97 DRIVE
PARKLAND FL 33076**

7. Name and Address of New Registered Agent

Name

KAHN, JEFFREY B.

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

3300 University Drive, Suite 711

City

Coral Springs

FL

Zip Code

33065

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 signature required when reinstating)

DATE

1-12-2002

**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 **KAHN, JEFFREY**
STREET ADDRESS **6598 N.W. 97 DRIVE**
CITY-ST-ZIP **PARKLAND FL 33076**

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

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

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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

1-12-2002

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

Date

Daytime Phone #

CR2E083 (9/01)