

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90323 006 ****55.00

DOCUMENT # L01000013337

1. Entity Name

CKA CONSTRUCTION GROUP, LLC



Principal Place of Business

**134 DOCKSIDE TERRACE
WESTON FL 33327**

Mailing Address

**134 DOCKSIDE TERRACE
WESTON FL 33327**

2. Principal Place of Business

8358 WEST OAKLAND PARK BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

City & State

SUNRISE, FL 33351

City & State

Zip

Country

33351

Country

4. FEI Number

42-1530627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HE&F REGISTERED AGENT CORP.
2601 SOUTH BAYSHORE DR., STE. 600
MIAMI FL 33133**

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** ☐ Delete
NAME **CROUSIAT, KEVIN**
STREET ADDRESS **535 SOMERSET WAY**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **VT** ☐ Delete
NAME **CROUSILLAT, CESAR A**
STREET ADDRESS **134 DOCKSIDE TERR**
CITY-ST-ZIP **WESTON FL 33327**

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. **DIRECTOR** ADDITIONS/CHANGES

TITLE **CROUSILLAT CESAR A** ☐ Change ☒ Addition
NAME **134 DOCKSIDE TERR**
STREET ADDRESS **WESTON, FL 33327**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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]

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

01-17-03 (954) 747-7077

Date

Daytime Phone #

CR2E083 (10/02)