

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90586 006 ****50.00

DOCUMENT # L01000015311

1. Entity Name

KEITH KRAVITZ, LLC

Principal Place of Business

**5817 NORTH ANDREWS WAY
 FORT LAUDERDALE FL 33309**

Mailing Address

**5817 NORTH ANDREWS WAY
 FORT LAUDERDALE FL 33309**

957745

2. Principal Place of Business

2300 N.W. CORPORATE BLVD.

3. Mailing Address

2300 N.W. CORPORATE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#141

#141

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431

Country

U.S.

Zip

33431

Country

U.S.

4. FEI Number

65-1140485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAVITZ, KEITH
 5817 NORTH ANDREWS WAY
 FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **KEITH KRAVITZ**

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

2300 N.W. CORPORATE BLVD. #141

City

BOCA RATON

FL

Zip Code

33431

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

KEITH KRAVITZ

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4.15.02

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 **KEITH KRAVITZ**
 STREET ADDRESS **2300 N.W. CORPORATE BLVD. #141**
 CITY-ST-ZIP **BOCA RATON, FL 33431**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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: *[Signature]*

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

4.15.02 561.241.4641

Date

Daytime Phone #

CR2E083 (9/01)