

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90359 035 ****50.00

DOCUMENT # L01000015822

1. Entity Name

JK NAPLES, LLC

Principal Place of Business

**398 ISLA DORADA BLVD.
 CORAL GABLES FL 33143**

Mailing Address

**398 ISLA DORADA BLVD.
 CORAL GABLES FL 33143**

910066



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

453 BAYFRONT PLACE

Suite, Apt. #, etc.

3. Mailing Address

6915 RED ROAD

Suite, Apt. #, etc.

#219

City & State

NAPLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-1137718

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

33143

Country

USA

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROSENBERG, LEONARD L ESQ.
 5200 BLUE LAGOON DRIVE
 SUITE 600
 MIAMI FL 33126**

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 title 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 **MGRM** ☐ Delete
 NAME **MARN-CHAPUIS, JACQUELINE**
 STREET ADDRESS **398 ISLA DORADA BLVD.**
 CITY-ST-ZIP **CORAL GABLES FL 33143**

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:

SIGNATURE REQUIRED

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

Date

01/16/02

Daytime Phone #

305-7409042

CR2E083 (9/01)