

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

04-28-2003 90076 040 ****55.00

DOCUMENT # L02000023680

1. Entity Name
KLATRX, LLC



Principal Place of Business
**19100 NW 89TH COURT
HIALEAH FL 33018**

Mailing Address
**19100 NW 89TH COURT
HIALEAH FL 33018**

44004426

2. Principal Place of Business
8830 N.W. 11th Ct.

3. Mailing Address
8830 N.W. 11th Ct.

☒ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines, FL.
Zip
33024
Country
U.S.A.

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Pembroke Pines, FL.
Zip
33024
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U.S.A.

4. FEE Number
83-0337938

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAMIREZ, KEVIN L
19100 NW 89TH COURT
HIALEAH FL 33018**

7. Name and Address of New Registered Agent

Name
CHRISTOPHER E. BENJAMIN, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
19 W. Flagler St. suite #510
City
Miami FL Zip Code
33130

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]

(NOTE: Registered Agent signature required when reinstating)

DATE
4/25/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEVIN L. RAMIREZ 19100 NW 89 CT. HIALEAH, FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHRISTOPHER E. BENJAMIN 19 W. FLAGLER ST., STE. 510 MIAMI, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

DATE

DAYTIME PHONE #

[Signature] **KEVIN L. RAMIREZ** **4/24/03**

305-494-6263

CR2E083 (10/02)