

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 10, 2003 8:00 am
Secretary of State

04-28-2003 91000 026 ****50.00

DOCUMENT # L02000028325

1. Entity Name

KING'S COURT VILLAS, L.L.C.



Principal Place of Business

**1632 N.E. 151 STREET
NORTH MIAMI FL 33162**

Mailing Address

**1632 N.E. 151 STREET
NORTH MIAMI FL 33162**

55050755



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-1167953

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEINBERG, JEFFREY
4000 HOLLYWOOD BLVD., SUITE 350-N
HOLLYWOOD FL 33021**

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

**MANAGING MEMBER
KATIA T. G. TRAIKOS
1491 NE 57 PL
FT. LAUDERDALE FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

**MANAGING MEMBER
EURO-AMERICAN REAL ESTATE INV. CORP.
1632 NE 151 ST
NORTH MIAMI FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

RECKATIA G. TRAIKOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07 JULY 03

954.829.6400

Date


Daytime Phone #

CR2E083 (4/03)

Attachment

4/28/2003-91000-026-\$50.00-\$50.00

4

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)			
DOCUMENT # L02000028325			
1. Entity Name KING'S COURT VILLAS, L.L.C.			
Principal Place of Business 1632 N.E. 151 STREET NORTH MIAMI, FL 33162		Mailing Address 1632 N.E. 151 STREET NORTH MIAMI, FL 33162	
2. Principal Place of Business		3. Mailing Address	
SUTA, Act. 9, etc.		SUTA, Act. 9, etc.	
City & State		City & State	
Zip		Country	
4. ER Number 27-1167953		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FENBERG, JEFFREY 4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD, FL 33021		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 report only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am neither a wife, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
9. MANAGING MEMBER(S) MANAGER(S)			
NAME	DATE	NAME	DATE
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
NAME	DATE	NAME	DATE
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
NAME	DATE	NAME	DATE
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
NAME	DATE	NAME	DATE
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
NAME	DATE	NAME	DATE
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
NAME	DATE	NAME	DATE
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
10. ADDITIONAL CHANGES			
NAME	DATE	NAME	DATE
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
NAME	DATE	NAME	DATE
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
NAME	DATE	NAME	DATE
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
NAME	DATE	NAME	DATE
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 170.073(2), 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, and I am a managing member or manager of the limited liability company or the registered company authorized to execute this report as required by Chapter 806, Florida Statutes.			
SIGNATURE: <u>KATIA T. G. TRAIKOS</u> DATE: <u>April 24, 2003</u> (954) 829-6400			