

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90588 005 \*\*\*\*50.00

**DOCUMENT # L02000029747**

1. Entity Name  
**KASAMO, L.C.**



Principal Place of Business

Mailing Address

~~1 S.E. 3RD AVE STE. 900~~  
~~MIAMI FL 33131~~

~~1 S.E. 3RD AVE STE. 900~~  
~~MIAMI FL 33131~~

00007040

2. Principal Place of Business

3. Mailing Address

**20214 N.E. 34th Ct.**

**c/o 1 S.E. 3rd Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE. 960**

City & State

**AVENTURA FLA**

City & State

**MIAMI FLA**

4. FEI Number

**81-0585926**

Applied For

Not Applicable

Zip

**33180**

Country

**USA**

Zip

**33131**

Country

**USA**

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

Name

**LESLIE ALAN ROZENCWAG, P.A.**

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

**1 S.E. 3rd Ave**

**STE 960**

City

**MIAMI**

**FL**

Zip Code

**33131**

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 refilesting)

**4/29/03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MANAGING MEMBER** ☒ Change ☐ Addition  
NAME **JACQUES KHAFIF**  
STREET ADDRESS **20214 N.E. 34th Ct.**  
CITY-ST-ZIP **AVENTURA FLA 33180**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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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**

**4/29/03**

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

Date

Daytime Phone #

CR2E083 (10/02)