

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L95000000528

1. Entity Name
KSCR REALTY, L.C.

FILED

00 JAN 10 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% KENDALL SWEDISH CAR REPAIR, INC. % KENDALL SWEDISH CAR REPAIR, INC.
12460 S.W. 128 STREET BAY #1 12460 S.W. 128 STREET BAY #1
MIAMI FL 33186 MIAMI FL 33186-5402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
KENDALL SWEDISH CAR REPAIR 12460 S.W. 128 ST

Suite, Apt. #, etc. Suite, Apt. #, etc.
BUILDING 1

City & State City & State
MIAMI FL

Zip Country Zip Country
33186 DADE

4. FEI Number 65-0602669 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LICKSTEIN, FRED K
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MARCHETTI, FRANK 11362 SW 129TH COURT MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MORETTI, ALBERT 10690 S.W. 137 ST. MIAMI FL 33176	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ALBERT MORETTI REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1 04 00 305 235-6344
Date Daytime Phone #

CR2E083 (9/99)