

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000528

1. Entity Name

KSCR REALTY, L.C.

FILED

01 JAN 25 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
12460 S.W. 128 Street Bldg. 1
Miami, FL 33186 12460 S.W. 128 Street
Bldg. 1
Miami, FL 33186

2. Principal Place of Business Mailing Address
12460 S.W. 128 Street 3. Fred K. Lickstein, Esq.
100 S.E. 2nd Street

Suite, Apt. #, etc. Suite, Apt. #, etc.
Bldg. #1 17th Floor

City & State City & State
Miami, FL Miami, FL

Zip Country Zip Country
33186 33131

4. FEI Number
65-0602669

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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
LICKSTEIN, FRED K.
Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2nd Street
17th Floor
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.

SIGNATURE *Fred K. Lickstein*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/22/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME MARCHETTI, FRANK ☒ Delete
STREET ADDRESS 11362 S.W. 129th Court
CITY-ST-ZIP Miami, FL 33186

TITLE MGRM
NAME MORETTI, ALBERT ☒ Delete
STREET ADDRESS 10690 S.W. 137 Street
CITY-ST-ZIP Miami, FL 33176

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MORETTI, YVONNE ☐ Change ☒ Addition
STREET ADDRESS 100 S.E. 2nd Street, 17th Floor
CITY-ST-ZIP Miami, FL 33131

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 300003623773--0
CITY-ST-ZIP -02/02/01--01015--007

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE
NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Yvonne Moretti, Managing Member

1/17/01

Date

305-789-9200

Daytime Phone #

CR2E083 (11/99)