

2001 UNIFORM BUSINESS REPORT (UBR)

0026174 AF

DOCUMENT # L95000000528

1. Entity Name
KSCR REALTY, L.C.

AMENDED

01 MAR 16 PM 4:26

Principal Place of Business

Mailing Address

c/o Fred K. Lickstein
100 S.E. 2nd Street, 17th Flr.
Miami, FL 33131

c/o Fred K. Lickstein
100 S.E. 2nd Street, 17th Flr.
Miami, FL 33131

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

LUCKSTEIN, FRED K

c/o Fowler, White, Burnett, et al.
100 S.E. 2nd Street, 17th Flr.
Miami, FL 33131

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDRESS
-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDRESS
-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDRESS
-ZIP

tion

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Moretti, Yvonne
100 S.E. 2nd Street, 17 Flr.
Miami, FL 33131

☒ Delete

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

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
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☐ 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:

Albert Moretti

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

Date

Daytime Phone #

305-235-6344
B-15- 01

CR2E083 (11/00)