2000 UNIFORM BUSINESS REPORT (UBR)

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BOCA RATON

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5355 TOWN CENTER ROAD, SUITE 801

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FILED Apr 14, 2000 08:00 AM DOCUMENT # L9500000918 1. Entity Name **Secretary of State** K.V.D., L.C. Principal Place of Business Mailing Address 5355 TOWN CENTER ROAD 5355 TOWN CENTER ROAD SUITE 801 SUITE 801 BOCA RATON FL BOCA RATON FL 33481 33481 2. Principal Place of Business 3. Mailing Address 5355 TOWN CENTER ROAD 5355 TOWN CENTER ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 801 SUITE 801 City & State City & State 4. FEI Number Applied For BOCA RATON FL BOCA RATON FI. 65-0625224 Not Applicable Zip Country Ζip Country \$5.00 Additional 5. Certificate of Status Desired 33486 33486 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENGELHARD SHELDON ENGELHARD 5355 TOWN CENTER ROAD Street Address (P.O. Box Number is Not Acceptable) **SUITE 801** 5355 TOWN CENTER ROAD BOCA RATON FL. SUITE 801 33481 US City BOCA RATON Zip Code 33486 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. <u>04/14/2000</u> SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES TITLE MGR MGR Delete TITLE X Change ☐ Addition NAME PEDREIRA PEDREIRA JOSE JOSE STREET ADDRESS STREET ADDRESS 5355 TOWN CENTER ROAD 5355 TOWN CENTER ROAD CITY-ST-ZIP BOCA RATON FL 33481 CITY-ST-ZIP BOCA RATON FL33486 TITLE ☐ Delete MGRM TITLE MGRM **X** Change ☐ Addition NAME ENGELHARD SHELDON NAME ENGELHARD SHELDON STREET ADDRESS 5355 TOWN CENTER ROAD STREET ADDRESS 5355 TOWN CENTER ROAD CITY-ST-ZIP BOCA RATON FL 33481 CITY-ST-ZIP BOCA RATON 33486 FLTIT! F

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FL 33481

^{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.