

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016084 AF

DOCUMENT # L95000000918

1. Entity Name
K.V.D., L.C.

01 APR 27 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

Mailing Address
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486



2. Principal Place of Business

9441 HARDING AVE.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 546916

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Surfside, Florida

City & State

Surfside, Florida

4. FEI Number

65-0625224

Applied For

Not Applicable

Zip

33154

Country

USA

Zip

33154

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGELHARD, SHELDON
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name: Jose F. PEDREIRA
Street Address (P.O. Box Number is Not Acceptable): 9441 Harding Avenue
City: Surfside FL Zip Code: 33154

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. (NOT Registered Agent signature required when reinstating)

DATE 3/27/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAIZES, ISSAC 5355 TOWN CENTER ROAD, SUITE 801 BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ENGELHARD, SHELDON 5355 TOWN CENTER ROAD BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEDREIRA, JOSE 5355 TOWN CENTER ROAD BOCA RATON FL 33486	<input checked="" 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	President JAY FOX 820 Third Avenue N.Y. N.Y. 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary JOSE F. PEDREIRA 9441 Harding Avenue Surfside, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

Jose F. Pedreira, Jose F. PEDREIRA

4/23/01

352-867-6141

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

Date

Daytime Phone #

CR2E083 (11/00)