

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000857

1. Entity Name  
KID STATION II, L.C.

FILED

01 APR -6 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3691 SW 14TH STREET  
MIAMI FL 33145

Mailing Address

3691 SW 14TH STREET  
MIAMI FL 33145

2. Principal Place of Business

3520 ROCKEMAN ROAD

3. Mailing Address

11101 S.W. 40TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

COCONUT GROVE FL

City & State

MIAMI FLORIDA

4. FEI Number

65-0695756

Applied For

Not Applicable

Zip

33133

Country

U.S.A

Zip

33165

Country

DADE

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MONTENEGRO, ALINA  
3691 SW 14TH STREET  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

SAME ALINA A. MONTENEGRO

Street Address (P.O. Box Number is Not Acceptable)

11101 S.W. 40TH STREET

City MIAMI

FL

Zip Code 33165

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 Alina A. Montenegro ALINA A. MONTENEGRO PRESIDENT/MGR 3/30/01

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 MGR  
NAME MONTENEGRO, ALINA  
STREET ADDRESS 3691 SW 14TH STREET  
CITY-ST-ZIP MIAMI FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR  
NAME ALINA A. MONTENEGRO ☒ Change ☐ Addition  
STREET ADDRESS 11101 S.W. 40TH STREET  
CITY-ST-ZIP MIAMI FL 33165

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

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

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

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

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: Alina A. Montenegro ALINA A. MONTENEGRO MGR.

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

Date

3/30/01 (305) 223-6161

Daytime Phone #

CR2E083 (11/00)