

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90340 031 *****50.00

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1. Entity Name

KUPERSMITH LIMITED COMPANY



Principal Place of Business

% JANIE E. MAURER
500 NE SPANISH RIVER BLVD., #27
BOCA RATON FL 33431

Mailing Address

4806 7TH STREET
LUBBOCK TX 79416

2. Principal Place of Business

3. Mailing Address

2939 Van Ness St. NW

Suite, Apt. #, etc.

#948

City & State

Washington, D.C.

Zip

20008

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0716662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAURER, JANI E
500 NE SPANISH RIVER BLVD., #27
BOCA RATON FL 33431

D

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MEM
NAME KUPERSMITH, JOEL ☐ Delete
STREET ADDRESS 4806 7TH STREET
CITY-ST-ZIP LUBBOCK TX 79416

TITLE MEM
NAME KUPERSMITH, JUDITH ☐ Delete
STREET ADDRESS 4806 7TH STREET
CITY-ST-ZIP LUBBOCK TX 79416

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 MEM ☒ Change ☐ Addition
NAME Kopersmith, Joel
STREET ADDRESS 2939 Van Ness St. NW #948
CITY-ST-ZIP Washington, D.C. 20008

TITLE mem ☒ Change ☐ Addition
NAME Kopersmith, Judith
STREET ADDRESS 2939 Van Ness St NW #948
CITY-ST-ZIP Washington, D.C. 20008

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

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: Judith Kopersmith 1-15-03

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

Date

202-966-3235

CR2E083 (10/02)