

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000699

1. Entity Name
KINDRED MANAGEMENT, L.C.

Principal Place of Business
C/O MARVIN LEIBOWITZ
11410 N. BAYSHORE DR.
NORTH MIAMI FL 33181

Mailing Address
C/O MARVIN LEIBOWITZ
11410 N. BAYSHORE DR.
NORTH MIAMI FL 33181-3214

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0765905

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

SCHWEIGER, MARIAN A
901 N.E. 125TH ST. STE. 109
NORTH MIAMI FL 33161

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 MEM LEIBOWITZ, MARVIN ☐ Delete
STREET ADDRESS 11410 N. BAYSHORE DR.
CITY- ST- ZIP NORTH MIAMI FL 33181

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

TITLE NAME MEM LEIBOWITZ, ISABEL ☐ Delete
STREET ADDRESS 11410 N. BAYSHORE DR.
CITY- ST- ZIP NORTH MIAMI FL 33181

TITLE NAME 400003104104 ☐ Change ☐ Addition
STREET ADDRESS -01/20/00--01036--014
CITY- ST- ZIP *****50.00 *****50.00

TITLE NAME MEM REZNICK, LEE ☐ Delete
STREET ADDRESS 17711 LAKE ESTATES DR.
CITY- ST- ZIP BOCA RATON FL 33496

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

TITLE NAME MEM SEGAL, JONATHAN ☐ Delete
STREET ADDRESS 1040 LAKESHORE DR., #32A
CITY- ST- ZIP CHICAGO IL

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED

00 JAN 12 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E083 (9/99)