

2001 UNIFORM BUSINESS REPORT (UBR)

0011449 AF

DOCUMENT # L97000000699

1. Entity Name

KINDRED MANAGEMENT, L.C.

FILED
01 JAN 30 AM 10:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

132 W 22ND ST
4TH FLOOR

3. Mailing Address

Suite, Apt. #, etc.

City & State

NEW YORK CITY, NY

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

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

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.

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

300003673073--4
-02/09/01--01102--009
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

Date

Daytime Phone #

1/13/01 3058911873

CR2E083 (11/00)