

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000506**

1. Entity Name
KIBOKI, LLC

FILED

01 JAN 24 AM 11:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business
**1000 N U.S. HIGHWAY ONE
JAMAICA 104
JUPITER FL 33477**

Mailing Address
**6020 NW 67TH CT
PARKLAND FL 33067**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **65-0832321**
Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

**POMERANTZ, STEVEN A
6020 NW 67TH CT
PARKLAND FL 33067**

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 STREET ADDRESS CITY-ST-ZIP | MGRM GOODMAN, SHERYL 121 COGGESHALL AVENUE, UNIT 10 NEWPORT RI 02840 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM POMERANTZ, HOWARD K TRUSTEE 2000 MARKET STREET PHILADELPHIA PA 19103 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHWARTZ, JEROME I TRUSTEE 2000 MARKET STREET PHILADELPHIA PA 19103 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM POMERANTZ, STEVEN A TRUSTEE 2000 MARKET STREET PHILADELPHIA PA 19103 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHWARTZ, JEROME I TRUSTEE 2000 MARKET STREET PHILADELPHIA PA 19103 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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*******50.00** 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: **1-12-2001 (954-341-8175)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)