

2000 UNIFORM BUSINESS REPORT (UBR)

0014263 AF

DOCUMENT # L98000001593

1. Entity Name
KALBACK MARITAL, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 10 AM 9:29

Principal Place of Business
6262 BIRD ROAD, SUITE 2J
SOUTH MIAMI FL 33155

Mailing Address
C/O KFRE. LTD.
P.O. BOX 55 9033
MIAMI FL 33255-9033



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0859924

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SIMON, GARY P
9100 SO. DADELAND BLVD., SUITE 504
MIAMI FL

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	MGR	<input type="checkbox"/> Delete
NAME	LUMANNICK, MARY	
STREET ADDRESS	11770 SW 29TH ST.	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KALBACK, RICHARD	
STREET ADDRESS	1950 SE 143 COURT	
CITY - ST - ZIP	MORRISTON FL 32668	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LUMANNICK, GARY	
STREET ADDRESS	11770 SW 19TH ST.	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	KALBACK, MARJORIE	
STREET ADDRESS	4105 GRANADA BLVD.	
CITY - ST - ZIP	CORAL GABLES FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003144013--1	
STREET ADDRESS	-02/23/00--01018--018	
CITY - ST - ZIP	*****50.00 *****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

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

MARY LUMANNICK

02/08/00

305-666-1773

Manager

Date

Daytime Phone #

CR2E083 (9/99)