

2001 UNIFORM BUSINESS REPORT (UBR)

0028155 AF

DOCUMENT # **L98000001593**

1. Entity Name

KALBACK MARITAL, LLC

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**

FILED

01 MAR 15 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 NAME ☐ Delete
MGR LUMANNICK, MARY
STREET ADDRESS **11770 SW 29TH ST.**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE NAME ☐ Delete
MGR KALBACK, RICHARD
STREET ADDRESS **1950 SE 143 COURT**
CITY-ST-ZIP **MORRISTON FL 32688**

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

TITLE NAME ☐ Delete
MGR LUMANNICK, GARY
STREET ADDRESS **11770 SW 19TH ST.**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE NAME ☐ Delete
MGR KALBACK, MARJORIE
STREET ADDRESS **4105 GRANADA BLVD.**
CITY-ST-ZIP **CORAL GABLES FL 33143**

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:

Mary Lumannick

MARY LUMANNICK, MGR. 03/12/01 305-666-1773

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

Date

Daytime Phone #

CR2E083 (11/00)