

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L98000001593**

1. Entity Name

KALBACK MARITAL, LLC**FILED**
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90169 034 ****50.00

0015748

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

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 **65-0859924**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
LUMANNICK, MARY
11770 SW 29TH ST.
MIAMI FL 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
KALBACK, RICHARD
1950 SE 143 COURT
MORRISTON FL 32688

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
LUMANNICK, GARY
11770 SW 19TH ST.
MIAMI FL 33175

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
KALBACK, MARJORIE
4105 GRANADA BLVD.
CORAL GABLES FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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:

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

Date

Daytime Phone #

CR2E083 (4/02)