

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90163 012 ****50.00

DOCUMENT # L98000002281

1. Entity Name

K.B. ENTERPRISES OF THE U.S.A., L.C.

Principal Place of Business

**762 SOUTH U.S. #1. SUITE #257
 VERO BEACH FL 32962**

Mailing Address

**762 SOUTH U.S. #1. SUITE #257
 VERO BEACH FL 32962**

2. Principal Place of Business

**5120 St Andrews Island Dr
 Suite, Apt. #, etc.**

3. Mailing Address

**5120 St Andrews Island Dr
 Suite, Apt. #, etc.**

City & State

Vero Beach FL

City & State

Vero Beach FL

Zip

32967

Country

USA

Zip

32967

Country

USA

4. FEI Number

59-3539081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GARRIS, CHARLES E
 817 BEACHLAND BOULEVARD
 VERO BEACH FL 32963**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **BROWN, DAVID C**
 STREET ADDRESS **762 SOUTH U.S. #1, SUITE #257**
 CITY-ST-ZIP **VERO BEACH FL 32962 32967**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5120 St Andrews Island Dr**
 CITY-ST-ZIP **Vero Beach FL 32967**

TITLE ☐ Change ☐ Addition
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 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:

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

Date

Daytime Phone #

CR2E083 (9/01)