

2000 UNIFORM BUSINESS REPORT (UBR)

0002163 AF

DOCUMENT # **L98000002875**

1. Entity Name
BBK ENTERPRISES, L.L.C.

APPROVED
AND
FILED

00 APR 18 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

9625 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

Mailing Address

9625 W. SAMPLE ROAD
CORAL SPRINGS FL 33065-4001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0895124

Applied For

Not Applicable

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

WARM, STEVEN ESQ.

2101 CORPORATE BLVD., SUITE 215
BOCA RATON FL 33431

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
KAHN FAMILY LIMITED PARTNERSHIP
9625 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
BERCIK, ROBERT
3145 REPS MILLER ROAD, SUITE A
NORCROSS GA 30071

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

500003238695-0
-05/03/00-01155-009
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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 OR MANAGER

Date

Daytime Phone #

4/19/00 954-755-4996

CR2E083 (9/99)