

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000082**

1. Entity Name
KMB INVESTMENTS, LLC

FILED

01 NOV -1 PM 12: 17

Principal Place of Business
**9508 NW 38TH STREET
CORAL SPRINGS FL 33065**

Mailing Address
**9508 NW 38TH STREET
CORAL SPRINGS FL 33065**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT 2001

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0883003**

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

**BROWN, KYLE
9508 NW 38TH STREET
CORAL SPRINGS FL 33065**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

900004686039-2
-11/16/01--01074--025
******155.00 ****155.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM BROWN, KYLE**
STREET ADDRESS **9508 NW 38TH STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM BROWN, MONIQUE**
STREET ADDRESS **9508 NW 38TH STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: **SIGNATURE REQUIRED** **10-1-01 954-234-0972**

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CR2E083 (5/01)

STAPLE CHECK HERE