

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002526

1. Entity Name

KATA PRODUCTIONS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:42

Principal Place of Business

3600 23RD AVENUE SOUTH
LAKE WORTH FL 33461

Mailing Address

3600 23RD AVENUE SOUTH
LAKE WORTH FL 33461-3247



2. Principal Place of Business

11876 DUNES RD

3. Mailing Address

11876 DUNES RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

33436

USA

Zip

33436

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRALL, MARK L ESQ
616 E. ATLANTIC AVENUE
DELRAY BEACH FL 33483

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

ny 3/7/00

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME MIGALDI, GLEN
STREET ADDRESS 3600 23RD AVENUE SOUTH
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE MGRM
NAME ROSS, RICHARD A
STREET ADDRESS 1201 S.W. 26TH AVENUE
CITY-ST-ZIP BOYNTON BEACH FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-14-00 561-736-7913

CR2E083 (9/99)