

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001170 AF

DOCUMENT # L99000002989

1. Entity Name  
DESTINATION SOLUTIONS L.L.C.

FILED

01 APR 23 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
650 WEST AVENUE, SUITE 3009  
MIAMI BEACH FL 33139

Mailing Address  
650 WEST AVENUE, SUITE 3009  
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3200 Collins Avenue  
Suite, Apt. #, etc.  
76

3. Mailing Address

3200 Collins Avenue  
Suite, Apt. #, etc.  
76

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

4. FEI Number 65-0923339

Applied For  
Not Applicable

Zip  
33140

Country  
Dade

Zip  
33140

Country  
Dade

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KITZEN, RENE  
3200 COLLINS AVENUE, SUITE 76  
MIAMI BEACH FL 33140

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 RENE KITZEN

4/18/01

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

TITLE MGR  
NAME HOVE, KENNETH TEN ☐ Delete  
STREET ADDRESS 650 WEST AVENUE, SUITE 3009  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE MGR  
NAME KITZEN, RENE ☐ Delete  
STREET ADDRESS 650 WEST AVENUE, SUITE 3009  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 800004133968--2  
STREET ADDRESS -05/03/01--01085--022  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: RENE KITZEN

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

4/18/01 305.538.9856

Date Daytime Phone #

CR2E083 (11/00)