

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003164

1. Entity Name
KYCO INVESTMENTS, LLC

Principal Place of Business
23260 MIRABELLA CIRCLE NORTH
BOCA RATON FL 33433

Mailing Address
23260 MIRABELLA CIRCLE NORTH
BOCA RATON FL 33433

FILED

01 APR -2 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business
450 E. LAS OLAS BLVD.

3. Mailing Address
450 E. LAS OLAS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

140

140

City & State

City & State

FORT LAUDERDALE, FL FORT LAUDERDALE FL

4. FEI Number 65-0922405

Applied For

Not Applicable

Zip

Country

Zip

Country

33301

USA

33301

USA

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

ISRAEL, ELDAD
23260 MIRABELLA CIRCLE NORTH
BOCA RATON FL 33433

Name ELDAD ISRAEL

Street Address (P.O. Box Number is Not Acceptable)

450 E. LAS OLAS BLVD. #140

City FORT LAUDERDALE

FL

Zip Code 33301

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 ELDAD ISRAEL PRESIDENT

3/29/01

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

4000003996434--7

-04/13/01--01028--006

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ISRAEL, ELDAD
STREET ADDRESS 23260 MIRABELLA CIRCLE NORTH
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE MGRM
NAME ISRAEL ELDAD
STREET ADDRESS 450 E. LAS OLAS BLVD. #140
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: ELDAD ISRAEL MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/29/01 954-426-2160
Date Daytime Phone #

CR2E083 (11/00)