2000 UNIFORM BUSINESS REPORT (UBR)

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| | KELL GARA | GE L.L.C. | | | | | 00 MAY 16 | PM 3: | 35 | |
| | | | | <i>`</i> | ⊅ <u>Ī</u> | | SECRETAR TALLAHASS | Y OF STA | ATE. | |
| rincipal Plac | ce of Business | | Mailing Address | | | | LALLAMADE | DEEL FEUI | MUN | |
| 425 E. 61ST STREET NEW YORK NY 10021 | | | 425 E. 61ST STREET | 1700 | | | | | | |
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| . Principal F | Place of Business | | 3. Mailing Address | | | 1 (04) | 411 816 18118 18111 WEST BE | int 88101 88111 881 | JBB ()(8) B()&) | 19178 9111 1881 |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRI | TE IN THIS SF | PACE | |
| City & State | | | City & State | | | 4. FEI Numb | | | 1 | plied For |
| Zip Cou | | ountry | Zip C | | try | 22 - 363 0039 Not Applical 5. Certificate of Status Desired \$5.00 Additional | | | | litional |
| | 6. Name and | Address of Curre | nt Registered Agent | | · - - | 7. Name an | d Address of New F | | ee Require jent | <u> </u> |
| | - | 3 - | | | - Name | - | <u> </u> | | | |
| MENARD, CLAIRE P ESQ. C/O BERMAN WOLFE & RENNERT, P.A. | | | | Street Addres | s (P.O. Box Numb | er is Not Acceptable | e) | | | |
| | | | TE 3500 | | <u></u> | | 1 | | | |
| 100 SOUTHEAST SECOND STREET, SUITE 3500 MIAMI FL 33131 | | | | | | | | | | |
| MIAMI FL | . 33131 | | | | City | | <u></u> - | F۱ | Zip Code | е |
| . The above | e named entity sub | omits this statemen | | OTE: Registered | ed office or regis | uired when reinstating) | | FL orida. | Zip Cod | e |
| . The above | e named entity sub | ted name of registered ag | ent and title if applicable. (NO FILE I Make Check F | OTE: Registered NOW!!! F Payable to | ed office or regis | uired when reinstating) | | orida. | Zip Cod | e |
| i. The above | e named entity sub | ted name of registered ag | ent and title if applicable. (NC | OTE: Registered | ed office or regis d Agent signature requ FEE IS \$50.0 Department | uired when reinstating) | | DATE CHANGES | Zip Code | |
| . The above | Signature, typed or prin | ted name of registered ag MANAGING MEN | ent and title if applicable. (No FILE I Make Check F | NOW!!! Fayable to | d Agent signature requirements Departments | uired when reinstating) | | DATE CHANGES | | |
| The above | Signature, typed or print MGRM Q.P.F. MANAG | MANAGING MEN | ent and title if applicable. (No FILE I Make Check F | NOW!!! Fayable to | ed office or regis d Agent signature requirement Department | uired when reinstating) | | DATE CHANGES | | |
| S. The above SIGNATURE D. STEE AME TREET ADDRESS SITY-ST-ZIP | Signature, typed or prin | MANAGING MEN | ent and title if applicable. (No FILE I Make Check F | NOW!!! Fayable to | d Agent signature required Agent signature required Agent signature required Department E E E E E ADDRESS - ST-ZIP | or of State | ADDITIONS | DATE CHANGES | ☐ Change | Addition |
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