

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **699-5357**

1. Entity Name

KUHN AND EXOTIC LLC

FILED

01 APR 27 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1800 ELLER DR.
SUITE 300
FT. LAUDERDALE, FL 33316**

Mailing Address

**1800 ELLER DR.
SUITE 300
FT. LAUDERDALE, FL 33316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0944159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**CORPORATION SERVICE COMPANY,
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME	MGRM GERALD STEVENS, INC.	<input type="checkbox"/> Delete
STREET ADDRESS	1800 ELLER DR. SUITE 300	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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

1. 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]

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

4-27-01 954-627-1000

Date

Telephone Number

CR2E083 (11/00)