

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006037

1. Entity Name  
K.L.S.C., LLC

FILED

01 FEB 12 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5311 N.W. 7TH STREET  
MIAMI FL 33126

Mailing Address

5311 N.W. 7TH STREET  
MIAMI FL 33126

2. Principal Place of Business

1805 NE 118 Rd

3. Mailing Address

1805 NE 118 Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33181

Country

US

Zip

33181

Country

US

4. FEI Number

65-0991785

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, MICHAEL JR  
5311 N.W. 7TH STREET  
MIAMI FL 33126

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

400003743704--9  
-02/20/01--01088--027  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM  
MARTINEZ, MICHAEL JR  
STREET ADDRESS 5311 N.W. 7TH STREET  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE NAME MGR  
IRIBAR, MANUEL  
STREET ADDRESS 5311 N.W. 7TH STREET  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
MARTINEZ, Michael Jr.  
STREET ADDRESS 1805 NE 118 Rd  
CITY-ST-ZIP North Miami, FL 33181 ☒ Change ☐ Addition

TITLE NAME MGR  
Iribar, Manuel ☒ Change ☐ Addition

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

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

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

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:

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

Date

Daytime Phone #

2-8-01

CR2E083 (11/00)