

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006264

1. Entity Name

PEN & PIXEL DESIGN STUDIO, LLC

FILED

00 JAN 31 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

701 BRICKELL AVENUE, STE 3000
MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE, STE 3000
MIAMI FL 33131-2847



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

65-0953784

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, STE 3000
MIAMI FL 33131

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

9. MANAGING MEMBERS / MEMBERS

TITLE: Chief Executive Officer
NAME: Kenneth D. Kossow
STREET ADDRESS: 17890 NE 21st Ct #3302
CITY-ST-ZIP: Aventura, FL 33160
☐ Delete m6rm

TITLE: President
NAME: Sherry Unversaw
STREET ADDRESS: 6001 Palm Trace Landing Drive #302
CITY-ST-ZIP: Davie, FL 33314
☐ Delete m6rm

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS / CHANGES

TITLE: ☐ Change ☐ Addition
NAME: 7000003117637-6
STREET ADDRESS: -02/01/00--01033--003
CITY-ST-ZIP: *****50.00 *****50.00
☐ Change ☐ Addition

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

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

Kenneth D. Kossow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/13/00

305-789-7744

Date

Daytime Phone #