

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # L99000007140

1. Entity Name
VAZKOR TECHNOLOGIES, LLC

00 APR 24 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
437 GOLDEN ISLES DRIVE
APT 5J
HALLANDALE BEACH FL 33009

Mailing Address
437 GOLDEN ISLES DRIVE
APT 5J
HALLANDALE BEACH FL 33009-7556



2. Principal Place of Business

3. Mailing Address

1250 E. Hallandale Beach Blvd. 1250 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 808

Suite 808

City & State
Hallandale Beach, FL

City & State
Hallandale Beach, FL

Zip
33009

Country
USA

Zip
33009

Country
USA

MMN

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0959509(EIN#)

Applied For

Not Applicable

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

KORFF, SHALOM STEIN
437 GOLDEN ISLES DRIVE
APT 5J
HALLANDALE BEACH FL 33009

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KORFF, AARON
437 GOLDEN ISLES DRIVE APT 5J
HALLANDALE BEACH FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
VAZQUEZ, LUIS
1250 E. Hallandale Beach Blvd. Suite 808
Hallandale Beach, FL 33009 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Korff, Shalom Stein
1250 E. Hallandale Beach Blvd. Suite 808
Hallandale Beach FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Korff, Shalom Stein
1250 E. Hallandale Beach Blvd Suite 808
Hallandale Beach, FL 33009 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
700003246117--3
-05/10/00--01014--009
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ 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 OR MANAGER

Shalom Stein Korff

4/10/00

954-457-0997

Date

Daytime Phone #

CR2E083 (9/99)