

LIMITED LIABILITY COMPANY
UNIFORM STATE REPORT 3B

19900007522

DOCUMENT # L99000004022

1. Entity Name

KIBI INVESTMENT L.C.



FILED

03 MAR 13 PM 4:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 W 51 Avenue

3. Mailing Address

600 W 51 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

Miami Beach FL

4. FEI Number

3132001-03
65 0960691

Applied For

Not Applicable

Zip

Country

33140 USA

Zip

Country

33140 USA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MANUELA ENGELMAIER

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

600 W 51 Avenue

City

Miami Beach

FL

Zip Code

33140

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Engelmaier MANUELA ENGELMAIER

02/25/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FRANCOIS ENGELMAIER
STREET ADDRESS 600 W 51 Avenue
CITY-ST-ZIP Miami Beach FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300013344589
03/03/03--01080--020 **255.00

TITLE MGRM
NAME MANUELA ENGELMAIER
STREET ADDRESS 600 W 51 Avenue
CITY-ST-ZIP Miami Beach FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Engelmaier MANUELA ENGELMAIER 02/25/03

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

Date

Daytime Phone #

CR2E083B (12/02)