2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900007850 1. Entity Name SAMURAI KID AND COMPANY, LLC								_				
								FILED				
Principal Plac	e of Busines	s	Mailing Address	Mailing Address			101 APR 16 AM 3: 16					\
P.O. BOX 811			P.O. BOX 811474									
BOCA RATOR	N FL 33481		BOCA RATON FL 33481				SECRETARY OF STATE TALLAHASSEE FLOORS					
2. Principal P			3. Mailing Address				ı		 	\$8111 1 200 1 18121		
3061 Suite, Apt.		7TH TERRACE	3061 NW 47TH TETRACE Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
Unit	134		Unit 134									
City & State		Lakes El	City & State Lauderdale Lakes, Fl			/	4. FEI Number 65-0944321 Applied For Not Applicable					-
Zip Country USA			Zip Country			•	5 Contificate of Status Desired S5.00 Additional					1
_333/		and Address of Current F	333/3	U	LSA			and Address of Nev		Fee Require	d	-
	U. Hanse	and Addition of Carton	ogiotorou Agont		Name							1
DOUGLAS, ROSANNE B						Street Address (P.O. Box Number is Not Acceptable)						
	NTRYWOO									**** · ·		1
LAKE MA	RY FL 3274	1 0			City				EI	Zip Code	9	-
					FL					- 	-	
8. The above	pamed entit	submits this statement for	the purpose of changing its	registere	ed office o	r registered	d agent, or	r both, in the State of	Florida.			
SIGNATURE Signature, typed or printed name of registered agent and title if application. (NOTE: Registered Agent signature required when reinstating) OATE												
	Signature, typed	or printed name of registered agent at	nd title if applicable. (NO:E	:: Hegistered	o Agent signat	tare required wi	Heli taliiztstini	<i>y</i>	UNIC			1
			FILE NO Make Check Pa				State			,		
-								ADDITION	ID (CLIANICES)	·····		4
9.	MGR	MANAGING MEMBE	RS/MEMBERS Delete	10.	:	MER		ADDITION	NS/CHANGES	Change	Addition	ĺ,
NAME	DOUGLA	S, ROSANNE B	_ 50.00	NAM		Dousla	as, Ro	sanne B.	4.13	ıu		1
STREET ADORESS C(TY-ST-ZIP		NTRYWOOD CIRCLE RY FL 32746			et address -st-zip	3061	UW 4'	TH TETTACE. Lakes, F	, 41111 13	'र 2		FORT
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STREET ADDRESS CITY-ST-ZIP					-ST-ZIP			-04,	/20/01I	01072	-023 ∞⊑∩_∩∩	
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TITLE NAME			☐ Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS		No. 2.4			ET ADDRESS							
CITY-ST-ZIP TITLE		·	Delete	TITLE	-ST-ZIP 					☐ Change	☐ Addition	1
NAME .			L Delete	NAMI							_	1
STREET ADDRESS CITY-ST-ZIP		1			ef address -st-zip							
11 I hereby o	Lertify that the	e information supplied with	this filing does not qualify for	the exe	motion sta	ted in Sect	tion 119.0	7(3)(i), Florida Statute	es. I further cer	tify that the in	nformation	1
indicatéd	on this renor	t is true and accurate and t	hat my signature shall have empowered to execute this	he same	e legal effe	ect as if ma	de under	oath: that I am a ma	naging membe ,	r or manage	r of the	
	(O AND	naro Destenar	[(3)* /2 (i	T							
SIGNAT		AND TYPES OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	AGER, OR	AUTHORIZED	D REPRESENT	ATIVE	Date	Da	aytime Phone #		