

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000007850

1. Entity Name

SAMURAI KID AND COMPANY, LLC

Principal Place of Business

P.O. BOX 811474
BOCA RATON FL 33481

Mailing Address

P.O. BOX 811474
BOCA RATON FL 33481

2. Principal Place of Business

3061 NW 47TH TERRACE

Suite, Apt. #, etc.

Unit 134

City & State

Lauderdale Lakes, FL

Zip

33313

Country

USA

3. Mailing Address

3061 NW 47TH TERRACE

Suite, Apt. #, etc.

Unit 134

City & State

Lauderdale Lakes, FL

Zip

33313

Country

USA

6. Name and Address of Current Registered Agent

DOUGLAS, ROSANNE B
417 COUNTRYWOOD CIRCLE
LAKE MARY FL 32746

4. FEI Number

65-0944321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

Rosanne B Douglas
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 MGR ☐ Delete
NAME DOUGLAS, ROSANNE B
STREET ADDRESS 417 COUNTRYWOOD CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Douglas, Rosanne B.
STREET ADDRESS 3061 NW 47TH TERRACE, unit 134
CITY-ST-ZIP LAUDERDALE LAKES, FL 33313

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

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

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

TITLE ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

FILED

'01 APR 16 AM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)