

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 28 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/16

DO NOT WRITE IN THIS SPACE

DOCUMENT #

L99000008928

1. Entity Name

KEBAB KORNER II, LLC

Principal Place of Business

600 North Thacker Avenue
Suite A24
Kissimmee, Florida 34741

Mailing Address

200 E. Robinson Street
Suite 500
Orlando, Florida 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3614277

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLORIDA CORPORATE SUPPORT, INC.
200 E. Robinson Street
Suite 500
Orlando, Florida 32801

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
Manager
Manfred Schmidt
600 N. Thacker Ave., Suite A24
Kissimmee, Florida 34741

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Alfred Härle
600 North Thacker Ave., Suite A24
Kissimmee, Florida 34741

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Joachim Dillmann
600 North Thacker Ave., Suite A24
Kissimmee, Florida 34741

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003204355-1
-04/11/00--01120--008
*****50.00 *****50.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

Manfred Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)