

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000009255**

1. Entity Name
KOPYKAT DESIGNS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business
3213 N. DIXIE HIGHWAY
FT. LAUDERDALE FL 33334

Mailing Address
3213 N. DIXIE HIGHWAY
FT. LAUDERDALE FL 33334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SIRACUSA, ANDREE 3213 N. DIXIE HIGHWAY FT. LAUDERDALE FL 33334				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR SIRACUSA, ANDREE 3213 N. DIXIE HIGHWAY FT. LAUDERDALE FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003350045--0 -08/08/00--01097--025 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP _____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Andree Siracusa* 7/26/00

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

Date Daytime Phone #

CR2E083 (5/00)