

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	M00000002141
1. Entity Name	KAV INVENTORY, LLC

FILED

01 AUG 10 PM 12:17

Principal Place of Business	Mailing Address
1100 INTERNATIONAL PKWY. SUNRISE FL 33323	1100 INTERNATIONAL PKWY. SUNRISE FL 33323

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3701 S Flamingo Rd.	3701 S Flamingo Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
MIRAMAR, FL	MIRAMAR, FL
Zip	Zip
33027	33027
Country	Country
USA	USA

4. FEI Number	65-1046599	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 26, 2001**

9. (MANAGING MEMBERS/MANAGERS)	
TITLE	MANAGER <input type="checkbox"/> Delete
NAME	ZIVI R. NEDIVI
STREET ADDRESS	3701 S. Flamingo Rd
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	MANAGER <input type="checkbox"/> Delete
NAME	OSCAR TORRES
STREET ADDRESS	3701 S. Flamingo Rd
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	MANAGER <input type="checkbox"/> Delete
NAME	MIKE BRANDT
STREET ADDRESS	3701 S. Flamingo Rd.
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	MANAGER <input type="checkbox"/> Delete
NAME	BEN QUEVEDO
STREET ADDRESS	3701 S. Flamingo Rd.
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	600004534116--5
CITY-ST-ZIP	-08/14/01--01059--026
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	*****55.00 *****55.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>OSCAR TORRES</u>	SIGNATURE REQUIRED	954-538-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date
		Daytime Phone #

CR2E083 (5/01)