

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002481
 1. Entity Name
K & S INTERNATIONAL DRIVE ASSOCIATES, LLC

Principal Place of Business Mailing Address

FILED
 01 FEB 13 AM 11:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business **7001 Brush Hollow Road**
 Suite, Apt. #, etc.

3. Mailing Address **7001 BRush Hollow Road**
 Suite, Apt. #, etc.

City & State **Westbury, NY 11590**

City & State **Westbury, NY**

Zip **11590** Country **USA** Zip **11590** Country **USA**

4. FEI Number **11-3574368** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **Nationscorp Registered Agents Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
526 East Park Avenue
 City **Tallahassee** **FL** Zip Code **32301**

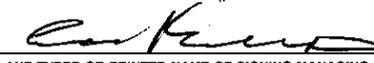
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM Edward Kalikow 10 Grace Drive Old Westbury, NY 11568 <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	MEM Eugener Shalik 120 Tall Oak Crescent Oyster Bay Cove, NY 11791 <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	600003718766-7 -02/19/01--01117--017 *****50.00 *****50.00 <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:  **2/9/01** **316.876.4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)