LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91553 013 ****50.00

DOCUMENT # M01000001116

1. Entity Name: KSK GROUP, LLC

DO NOT WRITE IN THIS SPACE

949289

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2. Principal Place of Business		3. Mailing Address	
8901 N.W. 33rd Street		8901 N.W. 33rd Street	
Suite, Apt. #, etc. Suite 150		Suite, Apt. #, etc. Suite 150	
City & State Miami, FL		City & State Miami, FL	
Zip 33172	Country U.S.A.	Zip 33172	Country U.S.A.

4. FEI Number 65-1083993 — Applied For ☐ Not Applicable ☐

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

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7. Name and Address of Current Registered Agent

Name: Miami Corporate Systems, Inc.

Street Address (P.O. Box Number is Not Acceptable): 283 Catalonia Avenue, 2nd Floor

City: Coral Gables **FL** Zip Code: 33134

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.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	Famulak, Dow
STREET ADDRESS	8901 N.W. 33 Street, Suite 150
CITY-ST-ZIP	Miami, FL 33172
TITLE	MGR
NAME	Sultan, Carlos
STREET ADDRESS	8901 N.W. 33 Street, Suite 150
CITY-ST-ZIP	Miami, FL 33172
TITLE	MGR
NAME	Dickens, Deborah
STREET ADDRESS	8901 N.W. 33 Street, Suite 150
CITY-ST-ZIP	Miami, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X _____ 4/19/02