

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000040

1. Entity Name
NIA/KORNREICH LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

00 APR 30 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
222 LAKEVIEW AVE., SUITE 390
WEST PALM BEACH FL 33401

Mailing Address
222 LAKEVIEW AVE., SUITE 390
WEST PALM BEACH FL 33401-6147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1400 CENTREPARK BLV
Suite, Apt. #, etc.

3. Mailing Address
1400 CENTREPARK BLV.
Suite, Apt. #, etc.

City & State
WEST PALM BEACH
Zip
33401
Country

City & State
WEST PALM BEACH
Zip
33401
Country

4. FEI Number
13-3790378

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRANKLIN, PAMELA D
222 LAKEVIEW AVE., SUITE 390
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
KEITH NICHOLSON
Street Address (P.O. Box Number is Not Acceptable)
1400 CENTREPARK BLVD
City
WEST PALM BEACH FL Zip Code
33401

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 Keith Nicholson 4/27/00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FRANKLIN, PAMELA D
222 LAKEVIEW AVE., SUITE 390
WEST PALM BEACH FL 33401 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003258573--6
-05/19/00--01010--010
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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. (561)242-8844

SIGNATURE: SIGNATURE REQUIRED Nicholson 4/27/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #