

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL -5 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000002001

1. Entity Name

KIMECO, LLC

Principal Place of Business

Mailing Address

14849 Frestone Blvd.
LA Mirada CA 90045

Same

2. Principal Place of Business

Kimeco / 100 Ar

Suite, Apt. #, etc.

City & State

LA Mirada

Zip

90638

Country

L/A

6. Name and Address

LLC50

LLC55

100 Ar

8

Country

USA

4. FEI Number

95-463-9710

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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

registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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 President ☐ Delete
NAME Frank Lawrence "MGRM"
STREET ADDRESS 414 Barry Place
CITY-ST-ZIP Placentia CA 92870

TITLE Vice President ☐ Delete
NAME Guillermo Reynoso "MGRM"
STREET ADDRESS 1901 South Hogan Ct
CITY-ST-ZIP LA Habra CA 90631

TITLE Treasurer ☐ Delete
NAME Ernesto Leon "MGRM"
STREET ADDRESS 12085 N. Meridian Rd
CITY-ST-ZIP Elbert CO 80106

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

☐ Change ☐ Addition
000003321280--4
-07/12/00--01073--001
*****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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition
TITLE
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:

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

Date

Daytime Phone # ext: 620

CR2E083 (1/199)