

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90068 036 ***158.75

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DOCUMENT # K63643

1. Entity Name
KIPPS INVESTMENTS, INC.



Principal Place of Business
**801 SW 1ST STREET
MIAMI FL 33130**

Mailing Address
**801 SW 1ST STREET
MIAMI FL 33130**



2. Principal Place of Business
11 ISLAND AVE APT 1408

3. Mailing Address
801 SW 1st STREET

Suite, Apt. #, etc.
APT 1408

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI BEACH-FL 33139

City & State
MIAMI, FL 33130

4. FEI Number
59-2267591

Applied For
☐ Not Applicable

Zip Country
33139 MIAMI-DADE

Zip Country
33130 MIAMI-DADE

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, SUSAN E
801 SW 1ST STREET
MIAMI FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HALL, JOHN W.**
STREET ADDRESS **801 SW 1ST STREET**
CITY-ST-ZIP **MIAMI FL 33130**

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

TITLE **VD** ☐ Delete
NAME **HALL, SUSAN E.**
STREET ADDRESS **801 SW 1ST STREET**
CITY-ST-ZIP **MIAMI FL 33130**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2003 305-545-5100

Date Daytime Phone #

CR2E034 (10/02)