

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093465

1. Entity Name

KIMBERLY J'S DESIGNS & FINISHINGS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 AM 8:52

Principal Place of Business BAY A-16 BOCA COMMERCE PARK 10018 SPANISH ISLES BLVD. BOCA RATON FL 33498	Mailing Address BAY A-16 BOCA COMMERCE PARK 10018 SPANISH ISLES BLVD. BOCA RATON FL 33498
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 65-0953531	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

PLATE, NANCY VANDER
1641 SW 32ND PLACE
FT. LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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

SIGNATURE Nancy Vander Plate (NOTE: Registered Agent signature required when reinstating)

DATE 11-02-00

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12.
TITLE President	<input type="checkbox"/> Delete	TITLE NAME
ADDRESS 10875 NW 37th Place		STREET ADDRESS
ST-ZIP Coral Springs FL 33065		CITY-ST-ZIP
TITLE V. President	<input type="checkbox"/> Delete	TITLE NAME
ADDRESS Nancy Vander Plate		STREET ADDRESS
ST-ZIP 1641 SW 32nd Place		CITY-ST-ZIP
ADDRESS FT. Lauderdale FL 33315		
TITLE Treasurer/Sec.	<input type="checkbox"/> Delete	TITLE NAME
ADDRESS JUSTIN DARNELL		STREET ADDRESS
ST-ZIP 2700 Coral Springs Drive #210		CITY-ST-ZIP
ADDRESS Coral Springs FL 33065		
TITLE	<input type="checkbox"/> Delete	TITLE NAME
ADDRESS		STREET ADDRESS
ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE NAME
ADDRESS		STREET ADDRESS
ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE NAME
ADDRESS		STREET ADDRESS
ST-ZIP		CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

300003488563--9
-12/06/00--01009--008
***750.00 ***750.00

REINSTATEMENT 2000

[Signature]

Change Addition

Change Addition

Change Addition

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 reported 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 11 or Block 12 if required, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN DARNELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-15-00

Daytime Phone # 561-470-0245

CR2E034 (5/00)