

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 421730

1. Entity Name

KIMRE, INC..

Principal Place of Business

Mailing Address

13501 SW 128 ST
111
MIAMI FL 33186
US

PO BOX 571240
MIAMI FL 33257-1240
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1513528

Applied For

Not

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEDERSEN, GEORGE C.
13501 SW 128 ST #111
MIAMI FL 33186

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May ~
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME PEDERSEN, GEORGE
STREET ADDRESS 13501 SW 128 ST., STE 111
CITY-ST-ZIP MIAMI FL 33186

TITLE D ☒ Delete
NAME SCHECHTER, JAMES R
STREET ADDRESS 1350 NW 74 ST
CITY-ST-ZIP MIAMI FL 33147

TITLE S ☐ Delete
NAME WYATT, JOHANNA
STREET ADDRESS 110 CAMP JOY ROAD
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE VPD ☐ Delete
NAME PEDERSEN, MARIETTA
STREET ADDRESS 105 FAIRSIDE, UNIT B
CITY-ST-ZIP LYNDEN WA 98264

TITLE D ☐ Delete
NAME ORR, MARTINE
STREET ADDRESS 1010 S ORAIBI CT
CITY-ST-ZIP PUEBLO WEST CO 81007

TITLE D ☒ Delete
NAME DESSLER, GARY
STREET ADDRESS 13554 SW 58 AVE
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☐ *

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ *

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ *

NAME
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TITLE ☐ Change ☐ *

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ *

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ *

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12, changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00
Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90042 008 ***150.00

711543



DO NOT WRITE IN THIS SPACE