

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90044 011 ***150.00

DOCUMENT # 421730

1. Entity Name
KIMRE, INC..

Principal Place of Business

**13501 SW 128 ST
 111
 MIAMI FL 33186
 US**

Mailing Address

**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 Applicable

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 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 **Treasurer/Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **Director** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **144 Quail Trail**
 CITY-ST-ZIP **Pomona Park, FL 32181**

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

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

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

TITLE **Secretary** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **President**
 STREET ADDRESS **Michael A. Simons**
 CITY-ST-ZIP **15 Phoenetia Ave., #404**
Coral Gables, FL 33134

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF GEORGE C. PEDERSEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George C. Pedersen, Treasurer 1/10/02 233-4249
 Date Daytime Phone #

(305)

CP2E034 (9/01)