

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90089 039 ***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
16201 SW 95 Ave
Suite, Apt. #, etc. #303

3. Mailing Address
PO Box 571240
Suite, Apt. #, etc. #

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **59-1513528**

Applied For
Not Applicable

Zip **33157** Country **USA**

Zip **33257-1240** Country **USA**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
16201 SW 95 Avenue #303
City **MIAMI** FL **33157**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/28/03**

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	PEDERSEN, GEORGE	
STREET ADDRESS	13501 SW 128 ST., STE 111	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYATT, JOHANNA	
STREET ADDRESS	144 QUAIL TRAIL	
CITY-ST-ZIP	POMONA PARK FL 32181	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PEDERSEN, MARIETTA	
STREET ADDRESS	105 FAIRSIDE, UNIT B	
CITY-ST-ZIP	LYNDEN WA 98264	
TITLE	S	<input type="checkbox"/> Delete
NAME	ORR, MARTINE	
STREET ADDRESS	1010 S ORAIBI CT	
CITY-ST-ZIP	PUEBLO WEST CO 81007	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	16201 SW 95 AVE. SUITE 303
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	110 CAMP JOY ROAD
CITY-ST-ZIP	Interlachen, FL 32148
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/28/03** Daytime Phone # **(305) 233-4249**

CR2E034 (10/02)