

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90669 025 \*\*\*\*61.25

DOCUMENT # 700841 ✓

1. Entity Name

KIMBERLY ARMS COOP INC

**DO NOT WRITE IN THIS SPACE**

B0064713

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2307 PIERCE ST

Suite, Apt. #, etc.

APT #8

City & State

HOLLYWOOD

Zip

33020

Country

FL

3. Mailing Address

2307 PIERCE ST

Suite, Apt. #, etc.

APT #8

City & State

HOLLYWOOD

Zip

33020

Country

FL

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

CLAUDE BERGERON

Street Address (P.O. Box Number is Not Acceptable)

1913 S OCEAN DRIVE APT #123

HALLANDALE

City

**FL**

Zip Code

33020

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PACHON ARMAND</u> <u>2307 PIERCE ST #8</u> <u>HOLLYWOOD FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>LEDOUX MARIE-FRANCE</u> <u>2307 PIERCE ST #11</u> <u>HOLLYWOOD FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TA</u> <u>BERGERON CLAUDE</u> <u>2307 PIERCE ST #12</u> <u>HOLLYWOOD FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>BELISLE DENISE</u> <u>2307 PIERCE ST #7</u> <u>HOLLYWOOD FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>HAMEL MARCEL</u> <u>2307 PIERCE ST #9</u> <u>HOLLYWOOD FL</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

CLAUDE BERGERON

APRIL 2nd 02 954-454-8527

CR2E037B (12/01)