

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90130 032 \*\*\*\*61.25

**DOCUMENT # 700841**

1. Entity Name  
**KIMBERLY ARMS CO-OP CORP. INC.**



Principal Place of Business

**2307 PIERCE ST  
APT # 8  
HOLLYWOOD FL 33020**

Mailing Address

**2307 PIERCE ST  
APT # 8  
HOLLYWOOD FL 33020  
US**

2. Principal Place of Business

3. Mailing Address

**2307 PIERCE STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**APT # 11**

City & State

City & State

**HOLLYWOOD**

Zip

Country

Zip

Country

**33020**

**FL**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERGERON, CLAUDE  
1913 S. OCEAN DRIVE APT #123  
HALLANDALE FL 33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*CLAUDE BERGERON*  
*Secretary*

(NOTE: Registered Agent signature required when reinstating)

DATE

**03/24/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
CLAUDE, BERGERON  
2307 PIERCE ST # 8  
HOLLYWOOD FL 33020** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
VACHON, ARMAND  
2307 PIERCE ST # 11  
HOLLYWOOD FL 33020** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BELISLE, DENISE  
2307 PIERCE ST # 7  
HOLLYWOOD FL 33020** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HAMEL, MARCEL  
2307 PIERCE ST., #9  
HOLLYWOOD FL 33020** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEDOUX MARIE FRANCE  
2307 PIERCE STREET APT #11  
HOLLYWOOD FL 33020** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TREMBLAY DENISE  
2307 PIERCE STREET APT #10  
HOLLYWOOD FL 33020** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*CLAUDE BERGERON*  
*Secretary*  
**REQUIRED**

**03/24/03**

**954-454-8627**

CR2E037 (10/02)