

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30234**

1. Entity Name
KIRKLAND HOLDING, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 18 AM 11:43

Principal Place of Business
701 BRICKELL AVE.
SUITE 850
MIAMI FL 33131

Mailing Address
701 BRICKELL AVE.
SUITE 850
MIAMI FL 33131-2822



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0413936**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HUDSON, ROBERT F., JR.
1200 BRICKELL AVENUE
19TH FLOOR
MIAMI FL 33131

Name
C T Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

City **Plantation** **FL** Zip Code **33324**

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 *Vicky Goldstein*

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

4-17-00

DATE

9. Capital Contributions as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L81727**
NAME **KIRKLAND HOLDINGS, INC.**
STREET ADDRESS **701 BRICKELL AVE. #850**
CITY - ST - ZIP **MIAMI FL 33131-2851**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # **F93000001994**
NAME **KIRKLAND HOLDINGS, LTD.**
STREET ADDRESS **4 COLUMBUS CENTRE**
CITY - ST - ZIP **ROAD TOWN, B.V. ISLAN**

STREET ADDRESS

CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/14/00
Date

305-381-8340
Daytime Phone #

CR2E003 (9/99)