

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30234**

1. Entity Name

KIRKLAND HOLDING, LTD.

FILED

Principal Place of Business

**701 BRICKELL AVE.
SUITE 850
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVE.
SUITE 850
MIAMI FL 33131**

01 JUN 25 AM 10:50

SECRETARY OF STATE
TALLAHASSEE



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0413936**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. 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

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

70.00-40
88.75-Adm

400004451864--1
-06/23/01-01058-022
******158.75 ****158.75**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAVIER DE CRADY

4/20/01

305-381-8340

Date

Daytime Phone #

CR2E003 (11/00)