

2003 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F 17980

1. Entity Name

KIMA CORPORATION



FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

03 MAR 21 PM 3:24

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2629 DAVIE BOULEVARD

Suite, Apt. #, etc.

3. Mailing Address

2629 DAVIE BOULEVARD

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

Country

33312-3029 U.S.A.

Zip

Country

33312-3029 U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2060174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CANDIDA O. ADAY

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

5990 SW 21 STREET

City

PLANTATION

FL

Zip Code

33317

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

T  
NAME GOMEZ, JANIUZ  
STREET ADDRESS 5990 SW 21 STREET  
CITY-ST-ZIP PLANTATION, FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
NAME ADAY, CANDIDA O  
STREET ADDRESS 5990 SW 21 STREET  
CITY-ST-ZIP PLANTATION, FL 33317

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

SIGNATURE: CANDIDA O. ADAY, Pres. X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/03 (954) 583-9433

Date

Daytime Phone #

CR2E034B (12/02)