2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2001 8:00 am **DOCUMENT # F88254** Secretary of State 1. Entity Name KYM LIMITED, INC. 01-26-2001 90025 001 ***150.00 Principal Place of Business Mailing Address KYM HATHCOCK KYM HATHCOCK 5745 S.W. 51ST STREET 5745 S.W. 51ST STREET MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address 83 Court 14421 5W 83 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2203345 FL MIAM miami Not Applicable Country Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent KYM HATHCOCK 5745 S.W. 51ST STREET **MIAMI FL 33155** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE TITLE Hathock, Kym Alyn HATHCOCK, KYM ALYN NAME NAME 14421 3W 83 COURT STREET ADDRESS 5745 S.W. 51ST STREET STREET ADDRESS 33158 CITY-ST-ZIP miami FL CITY-ST-7IP MIAMI, FL 00000 ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP Delete TITLE" ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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