

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90120 030 ***150.00

DOCUMENT # F93000001994

1. Entity Name

KIRKLAND HOLDINGS, LIMITED COMPANY

Principal Place of Business

**4 COLUMBUS CENTRE, WICKHAMS CAY
ROAD TOWN, TORTOLA
VI**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

801 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

16th Floor

City & State

City & State
Miami, FL.

Zip

Country

Zip
33131

Country
USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T 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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **MANSFIELD, ABDIEL**
CITY-ST-ZIP **AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
PISO NO.10 PANAMA 1, R D P**

TITLE ☐ Delete
NAME **DAS**
STREET ADDRESS **LEDEZMA, HERIBERTO**
CITY-ST-ZIP **AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
PISO NO.10 PANAMA 1, R D P**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ZARAK DE LA GUARDIA, LUIS CARLOS**
CITY-ST-ZIP **AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
PISO NO.10 PANAMA 1, R D P**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02

Date

305-381-8340

Daytime Phone #

CR2E034 (9/01)