2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

K09894

1. Entity Name

KIMMEN REALTY, INC.



FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90389 029 ***150.00

Principal Place of Business 2699 NE 25 TERR BOCA RATON FL 33431			C/O 2699	Mailing Address C/O EDWARD S KIMMEN 2699 NE 25 TERR BOCA RATON FL 33431 US								
2. Principal Place of Business				3. Mailing Address				a indeposit des notice desentantes friste et	\$1 81811 B181) 2 1211 01011 1	(B)(B)B)((B)	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				& State		4. FEI Number 65-0032908		· · · · · · · · · · · · · · · · · · ·		pplied For ot Applicable]	
Zip	Country				ry	5. Certificate of Status Desired			8.75 Ad		1	
	6. Name	and Address of Current	t Registere	red Agent			7. 1	7. Name and Address of New Registered Agent				
						Name						1
KIMMEN, EDWARD S.					Street Address (P.O. Box Number is Not Acceptable)						4	
2699 NE 25TH TERR				Siree			set Address (P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33431					,						7	
					-	City	-	4	FL	Zip Coc	le	1
8. The above r			or the purp	oose of changing its	registere	d office or registe	ered ag	ent, or both, in the State of Florida	a. I am fai	miliar with,	and accept	1
SIGNATURE _	<i>;</i>											
SIGNATORE	Signature, typed o	r printed name of registered agen	t and title if app	blicable. (NOTE	: Registered	Agent signature require	ed when re	einstating)	DATE			
		FEE IS \$150.00 3 Fee will be \$550.00						9. Election Campaign Finance	eing	\$5.0	O May Be	1
		Florida Department o						Trust Fund Contribution.			to Fees	
10:		OFFICERS AND		L IRS	11.		ΑГ	L DITIONS/CHANGES TO OFFICE	RS AND I	DIRECTOR	S IN 11	┨
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2. 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address that all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-03

Daytime Phone #