

2001 UNIFORM BUSINESS REPORT (UBR)

06-21-2001 90004036 ***150.00

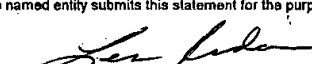
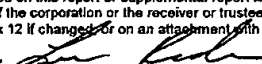
FILE L76929

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 20 PM 3:41

00072165

REINSTATEMENT 00-01
DO NOT WRITE IN THIS SPACE

DOCUMENT # L76929			
1. Entity Name KIMJIM INC.			
Principal Place of Business BULK IN BINS 9070 KIMBERLY BLVD BOCA RATON FL 33434		Mailing Address BULK IN BINS 9070 KIMBERLY BLVD BOCA RATON FL 33434	
2. Principal Place of Business 9070 KIMBERLY BLVD		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33434	Country USA	Zip	Country
4. FEI Number 65-0197567		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUDNER & ASSOCIATES INC. 17682 SEALAKES DRIVE BOCA RATON, FL 33498		7. Name and Address of New Registered Agent Name LES REDAN Street Address (P.O. Box Number is Not Acceptable) 20904 ESCUDO DR City BOCA RATON FL Zip Code 33433	
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  MORDECAI BUDNER		DATE 11/31/01 06/10/01	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT LES REDAN 9070 KIMBERLY BLVD BOCA RATON, FL 33498	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC/TREAS SUSAN REDAN 9070 KIMBERLY BLVD BOCA RATON, FL 33434	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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:  LES REDAN		Date 06/10/01 561-488-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	