

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005805**

1. Entity Name  
**KIMBERLEY INTERNATIONAL LLC**

FILED

00 FEB -4 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
941 4TH STREET, STE #200M  
MIAMI BEACH FL 33139

Mailing Address  
941 4TH STREET, STE #200M  
MIAMI BEACH FL 33139-6816



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number  Applied For  Not Applied For

Zip Country Zip Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC.**  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGR GREER-DONNELLY, JOHN T	941 4TH STREET, STE #200M	MIAMI FL		John Trevor Greer Donnelly	Rue du Moulin	Sark Channel Islands
	MGR LOUISE-CREBER, CHRISTIANNE H	941 4TH STREET, STE #200M	MIAMI FL		Christianne Helena Louise Creber	Little Rocques Flat, Rocques de St Clair, Rue des Pointes Rocques	Delancey, St Sampsons, Guernsey GY2 4HN, Channel Islands
	MGR EATON, CHRISTOPHER P	941 4TH STREET, STE #200M	MIAMI FL		Christopher Peter Eaton	Trollaby House, Trollaby Lane	Union Mills, IM4 4AW, Isle of Man, UK

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\*\*\*\*\*50.00

11: 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ~~SIGNATURE REQUIRED~~ JOHN TREVOR GREER DONNELLY 2/10/2000 0044 1181 83 2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #