

2001 UNIFORM BUSINESS REPORT (UBR)

0030992 AB

DOCUMENT # M99000002001

1. Entity Name
KIMECO, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -5 PM 4:46

Principal Place of Business
14849 FIRESTONE BLVD
LA MIRADA CA 90638

Mailing Address
14849 FIRESTONE BLVD
LA MIRADA CA 90638



MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 95-4639710

Applied For
Not Applicable

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

PARACORP, INC.
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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 MGRM LAWRENCE, FRANK ☐ Delete
STREET ADDRESS 419 BARRY PLACE
CITY-ST-ZIP PLACENTIA CA 92870

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

TITLE NAME MGRM REYNOSO, GUILLERMO ☐ Delete
STREET ADDRESS 1901 SOUTH HOGAN CT.
CITY-ST-ZIP LA HABRA CA 90631

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003675755-2
CITY-ST-ZIP -02/13/01--01018--021
*****50.00 *****50.00

TITLE NAME MGRM LEON, ERNESTO ☐ Delete
STREET ADDRESS 12085 N. MERIDIAN RD.
CITY-ST-ZIP ELBERT CO 80106

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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: X *[Signature]* MANAGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 1-25-01 (714) 690-8300 X 421
Daytime Phone #

CR2E083 (11/00)