

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *1100000002057*

1. Entity Name

K. Selective Choices INC.

FILED

02 MAY -1 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10 Barber Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 433

Suite, Apt. #, etc.

City & State

Hallandale

City & State

FL

4. FEI Number

59.363557300

Applied For

Not Applicable

Zip

32333

Country

Gadsden

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name :

Kimmie Golden

Street Address (P.O. Box Number is Not Acceptable)

10 Barber Rd

City

Hallandale

FL

Zip Code

32333

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

Kimmie Golden

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
*Kimmie Golden / Director
P.O. Box 433 Hallandale, FL 32333*

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
*Ben Golden Sr. / Trustee
P.O. Box 433 Hallandale, FL 32333*

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP
*Rhonda Brown / Trustee
P.O. Box 433 Hallandale, FL 32333*

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*****70.00 *****70.00**

**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimmie Golden

4/30/02

CR2E037B (12/01)