

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90006 008 ****61.25

DOCUMENT # N48412

1. Entity Name

OPERATION KIMBE FOUNDATION, INC.

Principal Place of Business

**1717 BAYSHORE DR.
 SUITE 3032
 MIAMI FL 33132**

Mailing Address

**1717 BAYSHORE DR.
 SUITE 3032
 MIAMI FL 33132**

DUPLICATE



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

65-0352351

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOISE, RUDOLPH
 1717 BAYSHORE DR.
 SUITE 3032
 MIAMI FL 33132**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/02
 DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	MOISE, RUDOLPH	
STREET ADDRESS	1717 N BAYSHORE DR #3032	
CITY-ST-ZIP	MIAMI FL	
TITLE	BAPT	<input type="checkbox"/> Delete
NAME	ISTE, DR ESNOL	
STREET ADDRESS	1400 EW HGWY	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BAPTISTE, ALIX	
STREET ADDRESS	440 PROPECT SQUARE	
CITY-ST-ZIP	PASSADENA CA	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED RUDOLPH MOISE

Date

Daytime Phone #

1/20/02 305 988-0411