

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003664

1. Entity Name

SANT KILTIREL MAPOU, INC.

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90222 031 ****69.75

Principal Place of Business

Mailing Address

5921 NE 2ND AVE
MIAMI FL 33137
US

PO BOX 6146
MIAMI FL 33299
US

80025070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0766047

Applied For

Not Applicable

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

CHERIN, STARLA V
301 NE 125 STREET
NORTH MIAMI FL 33161

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)

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 PD
NAME DENIS, JEAN M
STREET ADDRESS 310 NE 97 STREET
CITY-ST-ZIP MIAMI SHORES FL 33138

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME JUBMEUS, ERNST
STREET ADDRESS 5919 NE 2ND AVENUE
CITY-ST-ZIP MIAMI FL 33137

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD
NAME DENIS, NADIA
STREET ADDRESS 310 NE 97 STREET
CITY-ST-ZIP MIAMI FL 33138

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T
NAME DENIS, TAINA
STREET ADDRESS 310 NE 97TH STREET
CITY-ST-ZIP MIAMI FL 33138

☐ Delete

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/02

CR2E037 (9/01)