

# 2001. UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90481 023 \*\*\*150.00

**DOCUMENT # P00000012354**

1. Entity Name  
**K.V. SHOP, INC.**

Principal Place of Business  
**950 NE 138 ST.  
 NORTH MIAMI FL 33161**

Mailing Address  
**950 NE 138 ST.  
 NORTH MIAMI FL 33161**

2. Principal Place of Business  
**714 NE 128 ST N. MIAMI**

3. Mailing Address  
 Suite, Apt. #, etc.  
**714 NE 128 ST**

Suite, Apt. #, etc.

City & State  
**FL**

City & State  
**N. MIAMI FL**

Zip  
**33161**

Country  
**Drdo**

Zip  
**33161**

Country



DO NOT WRITE IN THIS SPACE

26-5-0987972

Applied For  
 Not Applicable

Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**JEAN-BAPTISTE, KENOL  
 950 NE 138 ST.  
 NORTH MIAMI FL 33161**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00** May Be  
 Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>KENOL JEAN BAPTISTE</b> <b>950 NE 138th street</b> <b>N. MIAMI FL 33161</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>ERICK JEAN BAPTISTE</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Judith JEAN-BAPTISTE</b> <b>140 N.W 89th street</b> <b>MIAMI FL 33150</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (10/00)

Attachment  
Doc # P000000012354  
70753

UNION PLANTERS BANK  
MEMPHIS, TENNESSEE

FOR YOUR PROTECTION SAVE THIS COPY  
**OFFICIAL CHECK**

252854791

REMITTER COPY

REMITTER K. V. SHOP, INC.

DATE March 12, 2001

PAYEE DEPARTMENT OF STATE DIVISION OF CORP.

\$150.00

0221

DRAWER: UNION PLANTERS BANK

**NOT-NEGOTIABLE**

TO THE REMITTER

KEEP THIS COPY FOR YOUR RECORD OF THE TRANSACTION. TO REPORT A LOSS OR FOR ANY OTHER INFORMATION ABOUT THE INSTRUMENT, CONTACT THE INSTITUTION FROM WHICH YOU RECEIVED IT.

# ARTICLES OF INCORPORATION

Attachment  
Doc# 8000001354  
70753

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

K.V. SHOP, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

950 NE 138 STREET  
NORTH MIAMI, FL 33161

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are:

KENOL JEAN-BAPTISTE  
950 NE 138 STREET  
NORTH MIAMI, FL 33161

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

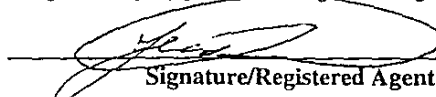
KENOL JEAN-BAPTISTE  
950 NE 138 STREET  
NORTH MIAMI, FL 33161

  
Signature/Incorporator

2 - 14 - 2000  
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

  
Signature/Registered Agent

2 - 2 - 2000  
Date