

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

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04-30-2003 90137 011 ***150.00

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1. Entity Name
KESHA M. HOLMES & ASSOCIATES, P.A.



Principal Place of Business
**6151 MIRAMAR PARKWAY
328
MIRAMAR FL 33023**

Mailing Address
**6151 MIRAMAR PARKWAY
328
MIRAMAR FL 33023**

2. Principal Place of Business
700 NW 9th Court
Suite, Apt. #, etc.

3. Mailing Address
700 NW 9th Court
Suite, Apt. #, etc.

City & State
Hallandale, FL
Zip
33009 Country
US

City & State
Hallandale, FL
Zip
33009 Country
US

4. FEI Number
65-0981870

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOLMES, KESHA
6151 MIRAMAR PARKWAY
SUITE 328
MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name
Holmes, Kesha
Street Address (P.O. Box Number is Not Acceptable)
700 NW 9th Court
City
Hallandale FL Zip Code
33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kesha M. Holmes**

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

(NOTE: Registered Agent signature required when reinstating)

DATE
4/21/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
HOLMES, KESHA M
6151 MIRAMAR PARKWAY SUITE 328
MIRAMAR FL 33023** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
Holmes, Kesha M
700 NW 9th Court
Hallandale, FL 33009** ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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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 607, 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: **Kesha M. Holmes**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/21/03 305-651-3033
Daytime Phone #

CR2E034 (10/02)