## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000053416 1. Entity Name KIMOLOS IMPORTS, INC.

## **FILED** May 15, 2001 8:00 am Secretary of State 05-15-2001 90012 026 \*\*\*150.00

Principal Plac	ce of Business		Mailing Address							
628 DODECANESE BLVD TARPON SPRINGS FL 34689			628 DODECANESE BLVD TARPON SPRINGS FL 34689			654275				
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·			3. Mailing Address		ㅓ					
Suite, Apt. #, etc.			SAME		_			, ,,,,,,	1010 0111 1401	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SF	PACE		
City & Star	ite		City & State	<del>-</del>	4. FFI	Number   Fd   F		TAI	pplied For	٦
SAME			SAME		5	Aumbe 3658151	ı	<u> </u>	ot Applicable	1
SAME	Z Coun	try	-34689	Country	<b>5.</b> Cer	rtificate of Status Desired		8.75 Add		1
	6. Name and Ad	dress of Current Re	gistered Agent		7. Nai	me and Address of New Registe	red Ag	ent		1
041	NADAO ANDDEAO			Name						
628	IVARAS, ANDREAS DODECANESE BL' IPON SPRINGS FL	/D		Street Addres	ss (P.O. Box	Number is Not Acceptable)				1
				City			FL	Zip Cod	e	
8 The above	named entity submits	s this statement for th	e nurnose of changing its re	egistered office or regis	tered agent	t, or both, in the State of Florida.		<u></u> .		1
	That is a state of the state of		o parposo or orientiging no r	ogiotoroa amos or rogio	noroa agom	, or both, in the state of his lad.				
SIGNATURE .										1
	Signature, typed or printed no	ame of registered agent and I	title if applicable. (NOTE:	Registered Agent signature requ	ired when reinst	ating) D	ATE			
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			10. Election Campaign Financing	] _	\$5.0	<b>0</b> May Be	ĺ
(age citte						Trust Fund Contribution.		Added	to Fees	1
	ria on back)	0.5510500 4410 010	Make Check Payabl	e to Department of S	State					
11.		OFFICERS AND DIF	Make Check Payable RECTORS	e to Department of S	State	Trust Fund Contribution.	AND D	RECTOR	S IN 11	]
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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:

ware SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR