

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO0090058767**
 1. Entity Name **K. White Corporation**

Principal Place of Business Mailing Address
13733 Sw 149 Circle Lane
Apt 2, Miami FL 33186

2. Principal Place of Business **same** 3. Mailing Address **same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

6. Name and Address of Current Registered Agent
Kelly White
13733 Sw 149 Circle Lane
Apt 2, Miami FL 33186

4. FEI Number **65-1104264** Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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

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

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

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete **NERIS Villa de White**
 STREET ADDRESS **13733 Sw 149 Circle Lane**
 CITY-ST-ZIP **Apt 2, Miami FL 33186**
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
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 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Yes** **305 252 9383**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC -7 PM 4:00

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 ****158.75 ****158.75

DO NOT WRITE IN THIS SPACE

CP02034 (11/00)

2012

K.WHITE CORPORATION
13733 SW 149 CIRCLE LANE,APT#2
MIAMI, FL 33186
(786) 293 0554

October 2, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

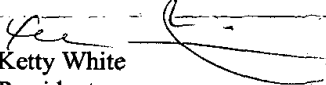
Re: P00000058767

Dear Document Specialist:

By this means we are confirming that we have previously forwarded the payment for the Annual Report of 2000 and the Annual Report as well. However, we did not receive any further communication from your department. Until recently, we were notified that your records show no record of the annual report or the check #3340 for the amount of \$150. We will then proceed to send the application for reinstatement and another check for \$150. Therefore, based on the fact that we were not aware of missing report and payment, please proceed to waive any penalty charges.

If you need any other information, please contact Ms. Jacqueline Rodriguez at (305) 252-9383.

Sincerely,


Ketty White
President