

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90002 006 ***550.00

011666

DOCUMENT # P00000063561

1. Entity Name

KIVAR, INC.

Principal Place of Business

17580 N.W. 67TH PLACE.#K
MIAMI FL 33015

Mailing Address

17580 N.W. 67TH PLACE.#K
MIAMI FL 33015

2. Principal Place of Business

101 SW 117TH AVENUE

Suite, Apt. #, etc.

206

City & State

PEMBROKE PINES FL

Zip

33025

Country

USA

3. Mailing Address

101 SW 117TH AVENUE

Suite, Apt. #, etc.

206

City & State

PEMBROKE PINES FL

Zip

33025

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1029027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, SHELDON L ESQ.
9555 N. KENDALL DR.,STE.211
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name VADEWATIE ARTJUNE

Street Address (P.O. Box Number is Not Acceptable)

101 SW 117TH AVENUE # 206

City

PEMBROKE PINES

FL

Zip Code

33025

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

Vadewatie Artjune

VADEWATIE ARTJUNE

06.06.01

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) ☐

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 PRESIDENT ☐ Delete
NAME VADEWATIE ARTJUNE
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Delete
NAME BRIDGELALL ARTJUNE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME Vadewatie Artjune
STREET ADDRESS 101 SW 117 Ave #206
CITY-ST-ZIP Pembroke Pines 33025

TITLE Vice President ☐ Change ☒ Addition
NAME Bridgellall Artjune
STREET ADDRESS 101 SW 117 Ave #206
CITY-ST-ZIP Pembroke Pines 33025

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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)(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:

Vadewatie Artjune

VADEWATIE ARTJUNE

06/06/01, 954-704-4005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)