

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90073 016 ***150.00

DOCUMENT # P00000063561

1. Entity Name
KIVAR, INC.



Principal Place of Business
101 SW 117TH AVENUE
206
PEMBROKE PINES FL 33025

Mailing Address
P O BOX 820863
SOUTH FLORIDA FL 33082-0863
US



2. Principal Place of Business

9719 PORTA LEONA LANE

3. Mailing Address

9719 PORTA LEONA LANE

Suite, Apt. #, etc.

BOYNTON BEACH FL

Suite, Apt. #, etc.

BOYNTON BEACH FLORIDA

City & State

33437 USA

City & State

33437 USA

Zip

Country

Zip

Country

4. FEI Number

65-1029027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ARJUNE, VADEWATIE
101 SW 117TH AVENUE
206
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name

VADEWATIE ARJUNE

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

9719 PORTA LEONA LANE

City

BOYNTON BEACH

FL

Zip Code

33437

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

VADEWATIE ARJUNE

VADEWATIE ARJUNE

04-07-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **P** ☐ Delete
NAME **ARJUNE, VADEWATIE**
STREET ADDRESS **101 SW 117TH AVE, #206**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **VP** ☐ Delete
NAME **ARJUNE, BRIDGELALL**
STREET ADDRESS **101 SW 117TH AVE, #206**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BRIDGELALL ARJUNE**
STREET ADDRESS **9719 PORTA LEONA LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **VADEWATIE ARJUNE**
STREET ADDRESS **9719 PORTA LEONA LANE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

VADEWATIE ARJUNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VADEWATIE ARJUNE

04/07/03

561-735-3500

Date

Daytime Phone #

CR2E034 (10/02)