

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117784

1. Entity Name

KIJ TREATMENT CENTER, INC.

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90031 020 ***150.00

Principal Place of Business

Mailing Address

10227 NW 9TH CIRCLE, #504
MIAMI FL 33172

10227 NW 9TH CIRCLE, #504
MIAMI FL 33172

2. Principal Place of Business

11300 NW 87th Court

3. Mailing Address

11300 NW 87th Court

Suite, Apt. #, etc.

Suite 114

Suite, Apt. #, etc.

Suite 114

City & State

Hialeah Garden

City & State

Hialeah Garden

Zip

33018 Florida

Zip

33018 Florida

6. Name and Address of Current Registered Agent

CAMPOS, IRENA

10227 NW 9TH CIRCLE, #504
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

IRENA CAMPOS

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

11300 NW 87th Court Suite 114

Hialeah Garden

City

Florida

FL

Zip Code

33018

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

IRENA Campos

IRENA Campos

02-07-01

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

(NOTE: Registered Agent signature required when registering)

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 D ☐ Delete
NAME CAMPOS, IRENA
STREET ADDRESS 10227 NW 9TH CIRCLE, #504
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ Delete
NAME CHERETTE, KETTLY
STREET ADDRESS 360 NE 172ND ST
CITY-ST-ZIP N MIAMI BEACH FL 33162

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME IRENA Campos
STREET ADDRESS 11300 NW 87th Court Suite 114
CITY-ST-ZIP Hialeah Garden FL 33018

TITLE ☐ Change ☐ Addition
NAME Cherette Kettly
STREET ADDRESS 11300 NW 87th Court Suite 114
CITY-ST-ZIP Hialeah Garden FL 33018

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:

IRENA Campos

IRENA Campos

02-07-01 (305)

327-4104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)