

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000176

1. Entity Name

KIMJAY CARIBBEAN INC.

Principal Place of Business

Mailing Address

6630 SW 7TH STREET
PEMBROKE PINES FL 33023

6630 SW 7TH STREET
PEMBROKE PINES FL 33023

2. Principal Place of Business

921 NW 87 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

9965 MIRAMAR PKWAY

Suite, Apt. #, etc.

148

City & State

MIAMI FLORIDA

City & State

MIRAMAR FLORIDA

Zip

33178

Country

USA

Zip

33025

Country

USA

4. FEI Number

65-1085088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLMES, GAVIN

6630 SW 7TH STREET

PEMBROKE PINES FL 33023

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)

☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOLMES, GAVIN	
STREET ADDRESS	6630 SW 7TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CAMPBELL-HOMES, JANET	
STREET ADDRESS	6630 SW 7TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GAVIN HOLMES APRIL 26 - 2001 - 305 778 3459

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90117 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)