

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

08-01-2003 90059 015 \*\*\*150.00

0066449 AV

**DOCUMENT # P01000046642**

1. Entity Name  
**K & A PROPERTIES INC.**



Principal Place of Business  
**8034 SW 199 TER  
MIAMI FL 33189**

Mailing Address  
**8034 SW 199 TER  
MIAMI FL 33189**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1119414**

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

7. Name and Address of New Registered Agent

~~CAINES, KIM L~~  
~~8034 SW 199 TER~~  
~~MIAMI FL 33189~~

Name  
**CAIRNS, KIM L**  
Street Address (P.O. Box Number is Not Acceptable)  
**8034 SW 199 TER**  
City **MIAMI** FL Zip Code **33189**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS**  
**CAIRNS, ANA M**  
**8034 SW 199 TER**  
**MIAMI FL 33189** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT / SEC**  
**CAIRNS ANA M**  
**8034 SW 199 TER**  
**MIAMI FL 33189** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT**  
**CAIRNS, KIM L**  
**8034 SW 199 TER**  
**MIAMI FL 33189** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRES / TREAS**  
**CAIRNS KIM L**  
**8034 SW 199 TER**  
**MIAMI FL 33189** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANA CAIRNS, Pres** **7/16/03** **(305)251-3233**  
Date Daytime Phone #

CR2E034 (4/03)

8034 SW 199 Terrace  
Miami, FL 33189  
March 26, 2001

Attachment  
80135286  
PO1000046642

Re: 2003 Uniform Business Report


Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

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This letter is to advise that this is first notice received.

Thank you,

  
Ana M. Cairns  
President

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