

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90144 027 ***150.00

036675 AV

DOCUMENT # P02000027865

1. Entity Name
KIR ENTERPRISES, INC.



Principal Place of Business
**PO BOX 25006
TAMARAC FL 33320**

Mailing Address
**PO BOX 25006
TAMARAC FL 33320**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
C-1

Suite, Apt. #, etc.
C-1

City & State

City & State

Sunrise, FL

Sunrise, FL 33351

Zip
33351

Country
USA

Zip
33351

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

30-0069821

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

**ROBERTS, DENISE
4751 NW 114 DR
CORAL SPRINGS FL 33076**

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. 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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, KEITH S	
STREET ADDRESS	PO BOX 25006	
CITY-ST-ZIP	TAMARAC FL 33320	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBERTS, DENISE	
STREET ADDRESS	PO BOX 25006	
CITY-ST-ZIP	TAMARAC FL 33320	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 all other like empowered.

SIGNATURE: **Denise D. Roberts** **3/12/03 954-796-1667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)