

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018186

1. Entity Name

KANGA KARE, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90007 012 ***158.75

Principal Place of Business

Mailing Address

4950 N. DIXIE HIGHWAY
SUITE A
FORT LAUDERDALE FL 33334

4950 N. DIXIE HIGHWAY
SUITE A
FORT LAUDERDALE FL 33334-3947

00000000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **6849 Cobia Circle**
Boynton Beach FL 33437

Suite, Apt. # **6849 Cobia Circle**
Boynton Beach FL 33437



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0406835**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KENNELLY, JOHN S ESQ.
4950 N. DIXIE HIGHWAY
SUITE A
FORT LAUDERDALE FL 33334

Name **John S. Kennelly, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
6849 Cobia Circle

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.

SIGNATURE

Signature typed or printed name of registered agent and not 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, 2000 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 **PD** ☐ Delete
NAME **KENNELLY, JOHN B**
STREET ADDRESS **4950 N. DIXIE HIGHWAY, SUITE A**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **PD** ☒ Change ☐ Addition
NAME **Kennelly, John B.**
STREET ADDRESS **6849 Cobia Circle**
CITY-ST-ZIP **Boynton Beach FL 33437**

TITLE **VD** ☐ Delete
NAME **KENNELLY, BARBARA C**
STREET ADDRESS **4950 N. DIXIE HIGHWAY, SUITE A**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **VD** ☒ Change ☐ Addition
NAME **Kennelly, Barbara C.**
STREET ADDRESS **6849 Cobia Circle**
CITY-ST-ZIP **Boynton Beach FL 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. Kennelly
President

APR 24 2000

Date

Daytime Phone #

(561) 369-2349
561-369-2349