

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90018 041 ***150.00

0145002 AV

DOCUMENT # P93000075990

1. Entity Name
KIBON INVESTMENTS, INC.

Principal Place of Business
~~1025 WEAPING WILLOW WAY~~
~~HOLLYWOOD FL 33019~~

Mailing Address
~~1025 WEAPING WILLOW WAY~~
~~HOLLYWOOD FL 33019~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0463888**

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

CARBY, AUDETT
~~1025 WEAPING WILLOW WAY~~
~~HOLLYWOOD FL 33019~~

Name **Audett Carby**
 Street Address (P.O. Box is Not Acceptable) **5324 S.W. 34 WAY**
FT. Lauderdale FL 33312
 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, 2002 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 **CARBY, AUDETT**
STREET ADDRESS **3580 SIMMS STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **President** ☒ Change ☐ Addition
NAME **Audett Carby**
STREET ADDRESS **5324 S.W. 34 WAY**
CITY-ST-ZIP **FT. Lauderdale FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4.14.02

Date Daytime Phone #

CR2E034 (9/01)