

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90016 002 ***150.00

NOTES: 369 AV

DOCUMENT # P94000043034

1. Entity Name

KYM CORPORATION

Principal Place of Business

**1500 MCMULLEN BOOTH RD
 SUITE A-4 & A-5
 CLEARWATER FL 33759
 US**

Mailing Address

**4920 CYPRESS TRACE DR.
 TAMPA FL 33624**

00000404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1500 MCMULLEN BOOTH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A-5

City & State

CLEARWATER FL.

4. FEI Number

59-3246906

Applied For

Not Applicable

Zip

Country

Zip

Country

33759

FLORIDA U.S.

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

**KURAMOCHI, YUKI
 4920 CYPRESS TRACE DR.
 TAMPA FL 33624**

Name

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

12823 TAR FLOWER DR.

City

TAMPA

FL

Zip Code

33626

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	D	<input type="checkbox"/> Delete
NAME	KURAMOCHI, YUKI	
STREET ADDRESS	4920 CYPRESS TRACE DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
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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: Yuki Kuramochi **Yuki Kuramochi** 2/1/02 727-91-7774
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)