

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90280 047 \*\*\*150.00

DOCUMENT # P94000077724

1. Entity Name  
KIMANDY, INC.

Principal Place of Business

Mailing Address

3939 NE 5TH AVENUE  
STE. D102  
BOCA RATON FL 33431-4551

3939 NE 5TH AVENUE  
STE. D102  
BOCA RATON FL 33431-4551

742404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11232 JASMINE Hill Circle  
Suite, Apt. #, etc.

11232 JASMINE Hill Circle  
Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FL

BOCA RATON

4. FEI Number

65-0525386

Applied For

Not Applicable

Zip

Country

33498 Palm Beach

Zip

Country

33498 Palm Beach

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

MOORE, W R ESQ.  
4800 NO. FEDERAL HIGHWAY STE. 210-A  
BOCA RATON FL 33431

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.

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, 2001 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 ☒ Delete  
NAME SPIELVOGEL, HERMAN  
STREET ADDRESS 2380 BLACK OLIVE BLVD. STE. 103  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D ☐ Change ☒ Addition  
NAME MARK SPIELVOGEL  
STREET ADDRESS 11232 JASMINE Hill Circle  
CITY-ST-ZIP BOCA RATON FL 33498

TITLE D ☒ Delete  
NAME SPIELVOGEL, GERTRUDE  
STREET ADDRESS 2380 BLACK OLIVE BLVD. STE. 103  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D ☐ Change ☒ Addition  
NAME HEATHER SPIELVOGEL  
STREET ADDRESS 11232 JASMINE Hill Circle  
CITY-ST-ZIP BOCA RATON FL 33498

TITLE P.V.T.S. ☐ Delete  
NAME SPIELVOGEL, MARK  
STREET ADDRESS 3939 NE 5TH AVENUE SUITE D102  
CITY-ST-ZIP BOCA RATON FL

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

4-2-01

Date

561-852-6550

Daytime Phone #

CR2E034 (10/00)