

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90101 008 ***150.00

DOCUMENT # P96000096717

1. Entity Name

KIM & MARK TEAM INC.

Principal Place of Business

**9147 RAMBLEWOOD DR
 #221
 CORAL SPRINGS FL 33071**

Mailing Address

**9147 RAMBLEWOOD DR
 #221
 CORAL SPRINGS FL 34952-6034**

2. Principal Place of Business

**3212 S.E. Braemar Way
 Suite, Apt. #, etc.**

3. Mailing Address

**3212 S.E. Braemar Way
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie, Fla.

City & State

Port St. Lucie, Fl.

4. FEI Number

65-0705682

Applied For

Not Applicable

Zip

Country

34952 U.S.A.

Zip

Country

34952 USA

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

**JENSEN, ROBERT C
 5979 NW 151 STREET
 SUITE 208
 MIAMI LAKES FL 33014**

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, 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 **KENNY, FRANK M**
 STREET ADDRESS **9147 RAMBLEWOOD DR #221**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE **V** ☐ Delete
 NAME **KENNY, KIMBERLY J**
 STREET ADDRESS **9147 RAMBLEWOOD DR #221**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/19/00 561-398-8641

Date

Daytime Phone #

CR2E034 (9/99)