

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043693

1. Entity Name

WYNKEN-BLYNKEN & NOD, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90026 043 ***150.00

Principal Place of Business

Mailing Address

1005 PINE BRANCH DR.
WESTON FL 33326
US

1005 PINE BRANCH DR.
WESTON FL 33326
US

2. Principal Place of Business

3. Mailing Address

13401 OLD SHERIDAN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SOUTH WEST RANCHES FL

Zip

Country

Zip

Country

33330-3752 BROWARD

SAME AS #2



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0769551

Applied For

Not Applicable

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

KEMP, JEAN LOUISE
13061 NW 5TH ST
PLANTATION FL 33325

Name

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

13401 OLD SHERIDAN ST.

City

South West Ranches FL

Zip Code

33330-3752

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 ☐ Delete
NAME D
STREET ADDRESS HENDRICKS, ROBERT A
CITY-ST-ZIP 310 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

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

TITLE ☐ Delete
NAME S
STREET ADDRESS KEMP, JEAN LOUISE
CITY-ST-ZIP 1005 PINE BRANCH DR.
WESTON FL 33326

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

JEAN LOUISE KEMP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

954-252-5250

Daytime Phone #

CR2E034 (10/00)