

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025797

1. Entity Name

KWANDO, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90132 001 \*\*\*150.00

Principal Place of Business

2400 E. COMMERCIAL BLVD  
# 215  
FORT LAUDERDALE FL 33308

Mailing Address

2400 E. COMMERCIAL BLVD  
# 215  
FORT LAUDERDALE FL 33308-4022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

GORE, LAURENCE D ESQ  
2400 E COMMERCIAL BLVD  
STE 215  
FORT LAUDERDALE FL

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	<input type="checkbox"/> Delete
NAME	VAN VUUREN, PIERRE	
STREET ADDRESS	2801 N COURSE DRIVE, #G204	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VAN RHYN, TERTIUS	
STREET ADDRESS	2801 N COURSE DRIVE, #G204	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VAN RHYN, JENNIFER	
STREET ADDRESS	2801 N COURSE DRIVE, #G204	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VAN VUUREN, CHARMA	
STREET ADDRESS	2801 N COURSE DRIVE, #G204	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAN VUUREN, DIONNE	
STREET ADDRESS	2801 N COURSE DRIVE, #G204	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-00 (219) 459 6942

CR2E034 (9/99)