## .2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 28, 2000 8:00 am DOCUMENT # P98000027476 1. Entity Name **Secretary of State** KIARA DESIGNS COMPANY 07-28-2000 90151 014 \*\*\*150.00 Principal Place of Business Mailing Address 2979 SOUTH COUNTY HIGHWAY 395 2979 SOUTH COUNTY HIGHWAY 395 SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 3. Mailing Address 53 99 2. Principal Place of Business Hwy 30A 8281 ECH4 HW 30 A E Cty Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PM B City & State Applied For City & State 4. FEI Number NOT APPLICABLE Beach ranama Seagrove Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA v SA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent REYNAFARJE, LOURDES V -Street Address (P.O. Box Number is Not Acceptable) 2979 SOUTH COUNTY HIGHWAY 395 SANTA ROSA BEACH FL-32459 Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete ☐ Change TITLE REYNAFARJE, LOURDES V NAME see above STREET ADDRESS 2979 SOUTH COUNTY HIGHWAY 395 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITL E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change \_ TITLE ☐ Delete TITLE. -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE IN FROURED
SIGNATURE AND TYPEOUR PRINTED NAME OF SIGNATURE OF DIRECTOR

7.24.2000

(850) 231-884

Daytime Phone #

KIARA DESIGNS CO



Ms. Katherine Harris Secretary of State Florida Department of State Division of Corporations

July 24, 2000

Dear Ms. Harris:

I recently received my 2000 Uniform Business Report form and when reading it realized this was the second notice and a fine had been applied to my bill. I was very surprised because I had not received the first notice, which I would have gladly paid. I do not understand how this mail confusion might have happened. I did, however, move in April to my new address, but the change of address forms have been filed. I have been receiving all of my mail without any problems.

Please accept my \$150.00 check without any penalties. I will make sure to remember that these dues are yearly and will note this in my calendar for the years to come.

Thank you,

Lourdes Reynafarje