

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
 06-05-2000 90001 011 ***150.00

DOCUMENT # PA8 000041484

1. Entity Name
Kimki Corp

Principal Place of Business
5691 SW 8th ST
Plantation FL 33317

Mailing Address
Same

2. Principal Place of Business
5691 SW 8th ST.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Plantation FL

City & State
 City & State

Zip
33317

Country
US

Zip
 Zip

Country
 Country

4. FEI Number
65-0834657

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
John S Andrews
1501 NE 4th Ave
Kr hand

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL
 Zip Code
33304

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 Kim Mayer (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>Kim Mayer</u>	<u>5691 SW 8th ST</u>	<u>Plantation FL 33317</u>
	<u>Townsend Mayer</u>	<u>5691 SW 8th ST</u>	<u>Plantation FL 33317</u>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	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: Kim Mayer Kim Mayer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/24/00 Daytime Phone # (954) 6840629

CR2E034 (9/99)