

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90452 030 \*\*\*150.00

**C0042820**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P99000006882 ✓

**1. Entity Name**  
 Kainou Corporation

**Principal Place of Business** 1725 W. Commercial Blvd  
 Hangar 3  
 Ft. Lauderdale FL 33309

**Mailing Address** 1725 W. Commercial Blvd  
 Hangar 3  
 Ft. Lauderdale FL 33309

**2. Principal Place of Business**  
 220 South F. St  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 P.O. Box 606  
 Suite, Apt. #, etc.

**City & State** Lake Worth FL

**City & State** Lake Worth FL

**Zip** 33460 **Country**

**Zip** 33460 **Country**

**4. FEI Number** 65-0894786 **Applied For** Not Applicable

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

**6. Name and Address of Current Registered Agent**

Hodges, Paul T  
 1725 W. Commercial Blvd  
 Hangar 3  
 Ft. Lauderdale, FL 33309

**7. Name and Address of New Registered Agent**

**Name** Hodges, Paul T

**Street Address (P.O. Box Number is Not Acceptable)** 12988 Sandridge Rd

**City** Palm Beach Gardens FL **Zip Code** 33418

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> Hodges, Paul	<b>TITLE</b> D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> Hodges, Paul
<b>STREET ADDRESS</b> 1725 W. Commercial Blvd, Hangar 3	<b>CITY-ST-ZIP</b> Ft. Lauderdale, FL 33309	<b>STREET ADDRESS</b> 12988 Sandridge Rd	<b>CITY-ST-ZIP</b> Palm Beach Gardens, FL 33418
<b>TITLE</b> D <input checked="" type="checkbox"/> Delete	<b>NAME</b> Hodges, Marie J	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b> 12988 Sandridge Rd	<b>CITY-ST-ZIP</b> Palm Beach Gardens, FL 33418	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> Isabelle Charard	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b> 12988 Sandridge Rd	<b>CITY-ST-ZIP</b> Palm Beach Gardens, FL 33418	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
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<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**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:**  **Paul Takeo Hodges** **3/29/01** **561 533 0883**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)