

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008268

1. Entity Name
K.C. ASSOCIATES, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90257 016 ***150.00

Principal Place of Business

C/O KEISHA'S PLUS SIZES
44 E. OAKLAND PARK BLVD.
WILTON MANORS FL 33334

Mailing Address

5470 LAKEWOOD CIRCLE, SUITE #F
MARGATE FL 33063

2. Principal Place of Business

KEISHA'S Plus Sizes

Suite, Apt. #, etc.

44 E. OAKLAND PARK BLVD

City & State

WILTON MANORS, FL

Zip

33334

Country

BROWARD

3. Mailing Address

6565 Forest Drive

Suite, Apt. #, etc.

#192

City & State

RIVERDALE, FLA

Zip

33074

Country

FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0891004

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

Name

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

City

FL

Zip Code

CLARK, KEISHA
5470 LAKEWOOD CIRCLE, VILLA F
MARGATE FL 33063

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 CLARK, KEISHA
CITY-ST-ZIP 5470 LAKEWOOD CIRCLE, VILLA F
MARGATE FL 33063

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: Keisha Clark KEISHA CLARK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/02/01 951-
Daytime Phone # 368-2131

CR2E034 (10/00)