

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90055 038 \*\*\*150.00

**DOCUMENT # P99000030792**

**1. Entity Name**  
**THE CURTIS & KIMBALL COMPANY**

**Principal Place of Business**

~~4101 LAGUNA STREET~~  
~~CORAL GABLES FL 33146~~

**Mailing Address**

~~4101 LAGUNA STREET~~  
~~CORAL GABLES FL 33146~~

*Address Change*



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

*7520 Red Road*

**3. Mailing Address**

*7520 Red Road*

Suite, Apt. #, etc.

*Suite M*

Suite, Apt. #, etc.

*Suite M*

City & State

*South Miami, FL*

City & State

*South Miami, FL*

Zip

*33143*

Country

*Dade*

Zip

*33143*

Country

*Dade*

**4. FEI Number**

**65-0913511**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

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

**CURTIS, ROB**  
~~4101 LAGUNA STREET~~  
~~CORAL GABLES FL 33146~~

*7520 Red Road*  
*Suite M*  
*South Miami, FL*  
*33143*

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

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**

*Rob Curtis, Vice-President*

*1-7-02*

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KIMBALL-MURLEY, AMY</b>	
STREET ADDRESS	<del>2110 SW 3RD AVE #6B</del>	
CITY-ST-ZIP	<del>MIAMI FL 33120</del>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CURTIS, ROB</b>	
STREET ADDRESS	<b>7901 SW 58 AV</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>1890 SW 21 Street</i>	
CITY-ST-ZIP	<i>Miami, FL 33145</i>	
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:**

*Rob Curtis, Vice-President 1-7-02 (305) 669-3172*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)