

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90331 049 ***150.00

0162432 AV

DOCUMENT # V56011

1. Entity Name
KIPLING, INC.

Principal Place of Business

**27077 SO DIXIE HWY
 NARANJA FL 33032
 US**

Mailing Address

**27077 SO DIXIE HWY
 NARANJA FL 33032
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0350485**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RAMKISSON, KATHLEEN
 27077 SO DIXIE HWY
 NARANJA FL 33032**

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

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 **PST** ☐ Delete
 NAME **RAMKISSON, KATHLEEN**
 STREET ADDRESS **244 N.E. 28TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **RAMKISSON, KATHLEEN**
 STREET ADDRESS **244 N.E. 28TH STREET**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~RAMKISSON, PARADISE~~ ☐ Change ☒ Addition
 NAME ~~26440 SW 122 AVE (V. PST.)~~
 STREET ADDRESS ~~NARANJA, FL 33032~~
 CITY-ST-ZIP

TITLE **VICE PRESIDENT/SECRETARY** ☐ Change ☒ Addition
 NAME **PARADISE RAMKISSON**
 STREET ADDRESS **26440 SW 122 AVE**
 CITY-ST-ZIP **NARANJA, FL 33032**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **KATHLEEN RAMKISSON**
 STREET ADDRESS **26440 SW 122 AVE**
 CITY-ST-ZIP **NARANJA, FL 33032**

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME **KATHLEEN RAMKISSON**
 STREET ADDRESS **26440 SW 122 AVE**
 CITY-ST-ZIP **NARANJA, FL 33032**

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

TITLE ☐ Change ☐ 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. **KATHLEEN RAMKISSON**

SIGNATURE: **x Kathleen Ramkisson**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. 3/15/02 805-247-1144

Date

Daytime Phone #

CR2E034 (9/01)