

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State

DOCUMENT # N01000007211

05-14-2002 90042 010 ****70.00

1. Entity Name

KING'S TEMPLE A.G., INC.

Principal Place of Business

9817 MORRIS GLEN WAY
 TEMPLE TERRACE FL 33637

Mailing Address

9817 MORRIS GLEN WAY
 TEMPLE TERRACE FL 33637

92809

2. Principal Place of Business

9813 DAVIS Road
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
TEMPLE TERRACE, FL

City & State

4. FEI Number

27-0003110

Applied For

Not Applicable

Zip

Country

33637 U.S.A.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDEZ, JOSEPH M
 9817 MORRIS GLEN WAY
 TEMPLE TERRACE FL 33637

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 by the registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **PT** Delete
 NAME **MENDEZ, JOSEPH M**
 STREET ADDRESS **9817 MORRIS GLEN WAY**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33637**

TITLE **ST** Delete
 NAME **PEREZ, MAGDA**
 STREET ADDRESS **9817 MORRIS GLEN WAY**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33637**

TITLE **TT** Delete
 NAME **ROJAS, RINA**
 STREET ADDRESS **9817 MORRIS GLEN WAY**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33637**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T Perez, Magda -D** Change Addition
 NAME **PEREZ, MAGDA**
 STREET ADDRESS **9817 MORRIS GLEN WAY**
 CITY-ST-ZIP **TEMPLE TERRACE, FL 33637**

TITLE **S ANNA R. MENDEZ -D** Change Addition
 NAME **ANNA R. MENDEZ**
 STREET ADDRESS **9817 MORRIS GLEN WAY**
 CITY-ST-ZIP **TEMPLE TERRACE, FL 33637**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph M. Mendez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26th 2002
 Date Daytime Phone #

CRE037 (9/01)