

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90237 032 ***150.00

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DOCUMENT # P02000089268

1. Entity Name
KINGPINZ TATTOOS INC.



Principal Place of Business
481 N FEDERAL HWY
BOCA RATON FL 33432

Mailing Address
481 N FEDERAL HWY
BOCA RATON FL 33432



2. Principal Place of Business

3. Mailing Address

481 N. FEDERAL HWY.

481 N FED HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

BOCA RATON

FL. (BOCA RATON)

Zip

Country

Zip

Country

33432

USA

33432

USA

4. FEI Number

Applied For

14-1843896

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

BONAVENTURA, JAMIN T
481 N FEDERAL HWY
BOCA RATON FL 33432

Name
JAMIN T. BONAVENTURA

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

481 N. FEDERAL HWY

BOCA RATON, FL

City

FL

Zip Code

33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JAMIN T. BONAVENTURA

[Signature]

4/23/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

BONAVENTURA, JAMIN T
481 N FEDERAL HWY
BOCA RATON FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ Change

☐ Addition

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 607, 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:

JAMIN BONAVENTURA

4/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)