

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90071 023 ***558.75

0068940 AV

DOCUMENT # P94000006807

1. Entity Name
WILD KINGDOM, INC.

Principal Place of Business
15834 WEST STATE RD 84
WESTON FL 33326
US

Mailing Address
15834 WEST STATE RD 84
WESTON FL 33326
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0463110

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CASTRO, ROBERT
2965 WENTWORTH
WESTON FL 33324

Name

Castro, Robert

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

5209 Holatee Trail

City

Ft. Lauderdale

FL

Zip Code

33330

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]

Robert Castro

8/13/01

Signature typed or printed name of registered agent and agent 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
NAME **CASTRO, ROBERT**
STREET ADDRESS **2965 WENTWORTH**
CITY-ST-ZIP **WESTON FL 33332**

TITLE **VS** ☐ Delete
NAME **CASTRO, ERIC**
STREET ADDRESS **2511 EAGLE RUN DRIVE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **VT** ☐ Delete
NAME **WHEELER, RODNEY**
STREET ADDRESS **7910 N. UPPER RIDGE DR**
CITY-ST-ZIP **PARKLAND FL 33067**

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 **P** ☒ Change ☐ Addition
NAME **Castro, Robert**
STREET ADDRESS **5209 Holatee Trail**
CITY-ST-ZIP **Ft. Lauderdale, FL 33330**

TITLE **VS** ☒ Change ☐ Addition
NAME **Castro, ERIC**
STREET ADDRESS **1248 Alexander Bend**
CITY-ST-ZIP **Weston, FL 33327**

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

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/01

Date

(954)384-9119

Daytime Phone #

CR2E034 (5/01)