

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90189 040 ***150.00

DOCUMENT # P96000096628

1. Entity Name
NORTH KING CORPORATION

Principal Place of Business
% THOMAS J. SKOLA, ESQ
5201 BLUE LAGOON DRIVE., STE 100
MIAMI FL 33126-2065

Mailing Address
% THOMAS J. SKOLA, ESQ
5201 BLUE LAGOON DRIVE., STE 100
MIAMI FL 33126-2065

2. Principal Place of Business
24 CRANDON BWD
 Suite, Apt. #, etc.

3. Mailing Address
24 CRANDON BWD
 Suite, Apt. #, etc.

City & State
KEY BISCAYNE, FL
 Zip
33149
 Country
USA

City & State
KEY BISCAYNE, FL
 Zip
33149
 Country
USA

4. FEI Number **65-0714386**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SKOLA, THOMAS J.
5201 BLUE LAGOON DR
SUITE 100
MIAMI FL 33126-2065

7. Name and Address of New Registered Agent

Name
NICHOLAS MAVRIS
 Street Address (P.O. Box Number is Not Acceptable)
24 CRANDON BWD
 City
KEY BISCAYNE FL Zip Code
33149

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

4/15/02

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
PTD
 NAME
PAPANTONIOU, JOHN S
 STREET ADDRESS
C/O T.J. SKOLA, 5201 BLUE LAGOON DR. STE 100
 CITY-ST-ZIP
MIAMI FL 33126-2065

TITLE
S
 NAME
SKOLA, THOMAS J
 STREET ADDRESS
5201 BLUE LAGOON DRIVE., STE 100
 CITY-ST-ZIP
MIAMI FL 33126-2065

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 (305) 361-7007
 Date Daytime Phone #

CR2E034 (9/01)