

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90051 037 ***150.00

DOCUMENT # 451457

1. Entity Name

KING PUMPS, INC.

Principal Place of Business

**253 NORTHWEST 54 STREET
MIAMI FL 33127-1799
US**

Mailing Address

**253 NORTHWEST 54 STREET
MIAMI FL 33127-1799
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1561473**

Applied For

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

**MIRANDA, SANTIAGO E.
253 N.W. 54TH STREET
MIAMI FL 33127**

Name

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

City

FL Zip Code
33127-1799

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	ST			<input type="checkbox"/> Delete					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	SYLVIA F. MIRANDA	11415 SW 53 TERRACE	MIAMI FL 33165-6805			Miranda, Sylvia F.	13340 SW 103 Terrace	Miami, Florida 33186-2840	
	P			<input type="checkbox"/> Delete					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	MIRANDA, SANTIAGO E	11415 SW 53RD TERR	MIAMI FL 33165-6805				13340 SW 103 Terrace	Miami, Florida 33186-2840	
				<input type="checkbox"/> Delete		V			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
						Miranda, Alvaro E.	1940 SW 32 Court	Miami, Florida 33145-2260	
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.E. Miranda

1/15/01

Date

305/754-0677

Daytime Phone #

CR2E034 (10/00)

**Employer Account Change Form**Document # 451457 UCS-3
R. 12/00

704263

Employer name: KING PUMPS, INC.U.C. account number: 0225839-0**Complete only the items showing a change in your business.**

Legal name: _____

Trade name: _____

Mailing address: 33127-1799

Location address: _____

(Attach a list for additional location addresses)

Federal ID number: -

Telephone number:

 - -

Fax number:

 - - **Corporation:** ☐ Corporate name change
(attach supporting documentation)☐ Change of officers
(attach list of officers with Social Security numbers,
home addresses and telephone numbers)**Leasing employees:** Name of leasing company: _____U.C. account number of leasing company: - Date leasing began: - - **Business closed:**Date of last payroll: - - Date business closed: - - **Sign, date and return to: Florida Department of Revenue, P.O. Box 6510, Tallahassee, FL 32314-6510.**

If you incorporated or purchased a business, you must complete an *Employer Registration Report* (Form UCS-1) and a *Report to Determine Succession* (Form UCS-1S). **Note: The *Report to Determine Succession* for partial acquisitions must be postmarked within 90 days of the acquisition date to be considered timely.** To obtain forms contact the Department of Revenue (below).

Completed by:

Signature

Date

Title

Telephone number (include area code)

For Information and Forms

Information and forms are available on our Internet site at
<http://sun6.dms.state.fl.us/dor/>

Need Assistance?

To speak with a Department of Revenue representative, call
Taxpayer Services, Monday through Friday, 8 a.m. to 7 p.m., ET,
at 1-800-352-3671 (in Florida only) or 850-488-6800.
Hearing or speech impaired persons may call the TDD line at
1-800-367-8331 or 850-922-1115.

For a written response to your questions, write:
TAX INFORMATION SERVICES
FLORIDA DEPARTMENT OF REVENUE
1379 BLOUNTSTOWN HWY
TALLAHASSEE FL 32304-2716

Need Forms?

To receive forms by mail:

- Order multiple copies of forms from our Internet site at
<http://sun6.dms.state.fl.us/dor/forms/order>
- Fax your form request to the DOR Distribution Center at
850-922-2208
- Call the DOR Distribution Center at 850-488-8422
- Mail your form request to:
DISTRIBUTION CENTER
FLORIDA DEPARTMENT OF REVENUE
168A BLOUNTSTOWN HWY
TALLAHASSEE FL 32304-3702

To receive a fax copy of a form, call 850-922-3676 from your fax
machine telephone.