

**2000 UNIFORM BUSINESS REPORT (UBR)**

6/29/00-90632-034-\$158.75-\$158.75

1 of 2

DOCUMENT # **611360**  
 1. Entity Name  
**KINGS PLAZA INC.**

FILED

00 SEP 18 AM 10:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

00066467

Principal Place of Business Mailing Address  
**189 N. CAPRONA AVE**  
**PORT ST. LUCIE FL. 34983**

2. Principal Place of Business 3. Mailing Address  
**189 N. CAPRONA AVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State FL City & State  
 P.S.L. FL  
 Zip 34983 Country St Lucie Zip Country

4. FEI Number **591998537** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**VINCENT LINO**  
**1866 S.W. BRADFORD PL.**  
**BALM CITY FL. 34990-5749**

7. Name and Address of New Registered Agent  
 Name **ANTHONY ALTINO**  
 Street Address (P.O. Box Number is Not Acceptable) **189 N. CAPRONA AVE**  
**PORT ST. LUCIE FL. 34983**  
 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 **ANTHONY ALTINO** *Anthony Altino* 6-20-00  
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, 2000 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	<b>PRESIDENT / TREASURER</b> <input type="checkbox"/> Delete
NAME	<b>ANTHONY ALTINO</b>
STREET ADDRESS	<b>189 N. CAPRONA AVE</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL. 34983</b>
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Delete
NAME	<b>EMANUELA ALTINO</b>
STREET ADDRESS	<b>189 N. CAPRONA AVE</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL. 34983</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **ANTHONY ALTINO** *Anthony Altino* 6-20-00 (561)878-4491  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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# ***THE TAX SHOPPE***

932 SW Bayshore Blvd.  
Port St. Lucie, FL 34983  
(561) 879-2895  
(561) 879-2894 Fax  
Email: [taxshoppe@efsc-fl.com](mailto:taxshoppe@efsc-fl.com)  
<http://www.efsc-fl.com/taxshoppe.htm>

September 12, 2000

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

Re: Kings Plaza Inc. Ref Nr: 611360

Dear Sirs:

Enclosed you will find correspondence our client received in late July/early August. Please be advised that the reason this information was sent to your office late, was that the original documents were mailed to an incorrect mailing address. Upon receipt, they were mailed in promptly from the correct mailing address below.

c/o Anthony Altino  
189 North Caprona Avenue  
Port St Lucie, FL 34983

Please correct your records with this mailing address. Further, the owner requests relief of the additional fees due to the error. Please contact our office or their office directly with your decision.

We look forward to your favorable response.

Sincerely,

  
Joe Edge  
The Tax Shoppe