2003 NOT-FOR-PROFIT CORPORATION

FILED Mar 19, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 725323** 1. Entity Name 03-19-2003 90149 039 ****61.25 THE KING-A CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 4445 WEST 16 AVE 101 S.W. 9TH STREET SUITE 308 SUITE 3B HIALEAH FL 33012 MIAMI FL 33130 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0122144 City & State City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOONE, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 101 SW 9TH ST STE 4-C **MIAMI FL 33130** Zip Code City 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 registe ed agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) Ş. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition PD ☐ Delete TITLE TITLE BOONE, RICHARD J NAME NAME 101 SW 9TH STREET, 4-C STREET ADDRESS STREET ADDRESS **MIAMI FL 33130** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE JIMENEZ, ADA NAME NAME 6365 S.W. 35TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33163 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE RUEDA, MELIDA NAME NAME 210 N.W. 51ST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 employered to execute this report as required by Chapter 617, 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. 305,054,6848

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

3.4.03

☐ Change

☐ Addition