

2002 UNIFORM BUSINESS REPORT (UBR)

0009763 AT

DOCUMENT # A95000000696

1. Entity Name

KINGS MEADOW CONVENIENCE CENTER, LTD.

Principal Place of Business

172 WEST FLAGLER STREET, SUITE 310
MIAMI FL 33130

Mailing Address

172 WEST FLAGLER STREET, SUITE 310
MIAMI FL 33130

2. Principal Place of Business

25 SW 2nd Avenue

Suite, Apt. #, etc.

3. Mailing Address

25 SW 2nd Avenue

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33130

Country

USA

Zip

33130

Country

USA

4. FEI Number

65-0597368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

GRAGG, K. LAWRENCE

C/O WHITE & CASE

200 SOUTH BISCAYNE BLVD., SUITE 4900

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

8,341.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P95000034365
NAME KINGS MEADOW CONVENIENCE CENTER, INC.
STREET ADDRESS 172 WEST FLAGLER STREET, SUITE 310
CITY-ST-ZIP MIAMI FL 33130

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Henry P. Block

Date

Daytime Phone #

2/26/02 358-5371

FILED
02 APR -8 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (9/01)