

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 25, 2001 8:00 am Secretary of State

07-25-2001 90015 014 ***550.00

DOCUMENT # F00000004143

1. Entity Name
KING DISTRIBUTORS INC.

UP

Principal Place of Business
**112 PAGE LANE
WESTBURY NY 11590**

Mailing Address
**112 PAGE LANE
WESTBURY NY 11590**

UUU59537



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2041 N.W. 12th Avenue

3. Mailing Address
Same as above

City & State
Miami, Florida

City & State
Same as above

Zip
33127

Country
USA

4. FEI Number
11-3255293

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**JETRO CASH AND CARRY
2041 NW 12TH AVENUE
MIAMI FL 33127**

7. Name and Address of New Registered Agent
Name
Same

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 _____ DATE _____
Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so **FILE NOW!!! FEE IS \$650.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$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	<input type="checkbox"/> Delete SPINELLI, KEITH 112 PAGE LANE WESTBURY NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(b), 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, upon an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)