

# 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. 12<sup>th</sup> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

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  
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	<input type="checkbox"/> Delete <b>SPINELLI, KEITH 112 PAGE LANE WESTBURY NY</b>	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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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)