

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90130 039 \*\*\*158.75

**DOCUMENT # F99000003097**

**1. Entity Name**  
**KING ACQUISITIONS, INC.**

**Principal Place of Business**  
**2601 E. OAKLAND PARK BLVD.**  
**SUITE 205**  
**FORT LAUDERDALE FL 33306**

**Mailing Address**  
**2601 E. OAKLAND PARK BLVD.**  
**SUITE 205**  
**FORT LAUDERDALE FL 33306**



**2. Principal Place of Business**

*2601 E Oakland Park Blvd*  
 Suite, Apt. #, etc.  
*301*

**3. Mailing Address**

*2601 E Oakland Park Blvd*  
 Suite, Apt. #, etc.  
*301*

DO NOT WRITE IN THIS SPACE

**City & State**  
*Fort Lauderdale*  
**Zip**  
*33306*

**City & State**  
*Fort Lauderdale FL*  
**Zip**  
*33306*

**4. FEI Number**  
**65-0919945**

**Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**KING, PETER C**  
**2601 E. OAKLAND PARK BLVD.**  
**SUITE 205 301**  
**FORT LAUDERDALE FL 33306**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*Signed in Error not Needed*

**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, 2002 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**

|                       |                                              |                                                   |
|-----------------------|----------------------------------------------|---------------------------------------------------|
| <b>TITLE</b>          | <b>D</b>                                     | <input checked="" type="checkbox"/> <b>Delete</b> |
| <b>NAME</b>           | <b>BRINKLEY, RICHARD</b>                     |                                                   |
| <b>STREET ADDRESS</b> | <b>10931 REDHAWK STREET</b>                  |                                                   |
| <b>CITY-ST-ZIP</b>    | <b>PLANTATION FL 33324</b>                   |                                                   |
| <b>TITLE</b>          | <b>PCEO</b>                                  | <input type="checkbox"/> <b>Delete</b>            |
| <b>NAME</b>           | <b>KING, PETER C</b>                         |                                                   |
| <b>STREET ADDRESS</b> | <b>1515 EAST BROWARD BOULEVARD, UNIT 322</b> |                                                   |
| <b>CITY-ST-ZIP</b>    | <b>FORT LAUDERDALE FL 33301</b>              |                                                   |
| <b>TITLE</b>          | <b>DCFO</b>                                  | <input type="checkbox"/> <b>Delete</b>            |
| <b>NAME</b>           | <b>KING, PETER C</b>                         |                                                   |
| <b>STREET ADDRESS</b> | <b>1515 EAST BROWARD BOULEVARD, UNIT 322</b> |                                                   |
| <b>CITY-ST-ZIP</b>    | <b>FORT LAUDERDALE FL 33301</b>              |                                                   |
| <b>TITLE</b>          | <b>D</b>                                     | <input type="checkbox"/> <b>Delete</b>            |
| <b>NAME</b>           | <b>LANSTOV, IGOR</b>                         |                                                   |
| <b>STREET ADDRESS</b> | <b>2601 E. OAKLAND PARK BLVD., #205</b>      |                                                   |
| <b>CITY-ST-ZIP</b>    | <b>FORT LAUDERDALE FL 33306</b>              |                                                   |
| <b>TITLE</b>          |                                              | <input type="checkbox"/> <b>Delete</b>            |
| <b>NAME</b>           |                                              |                                                   |
| <b>STREET ADDRESS</b> |                                              |                                                   |
| <b>CITY-ST-ZIP</b>    |                                              |                                                   |
| <b>TITLE</b>          |                                              | <input type="checkbox"/> <b>Delete</b>            |
| <b>NAME</b>           |                                              |                                                   |
| <b>STREET ADDRESS</b> |                                              |                                                   |
| <b>CITY-ST-ZIP</b>    |                                              |                                                   |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |                                                                                 |
|-----------------------|---------------------------------------------------------------------------------|
| <b>TITLE</b>          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>NAME</b>           |                                                                                 |
| <b>STREET ADDRESS</b> |                                                                                 |
| <b>CITY-ST-ZIP</b>    |                                                                                 |
| <b>TITLE</b>          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>NAME</b>           |                                                                                 |
| <b>STREET ADDRESS</b> |                                                                                 |
| <b>CITY-ST-ZIP</b>    |                                                                                 |
| <b>TITLE</b>          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>NAME</b>           |                                                                                 |
| <b>STREET ADDRESS</b> |                                                                                 |
| <b>CITY-ST-ZIP</b>    |                                                                                 |
| <b>TITLE</b>          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>NAME</b>           |                                                                                 |
| <b>STREET ADDRESS</b> |                                                                                 |
| <b>CITY-ST-ZIP</b>    |                                                                                 |
| <b>TITLE</b>          | <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b> |
| <b>NAME</b>           |                                                                                 |
| <b>STREET ADDRESS</b> |                                                                                 |
| <b>CITY-ST-ZIP</b>    |                                                                                 |

**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:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 29, 2002*  
 Date

Daytime Phone #

CR2E034 (9/01)