

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90227 006 \*\*\*150.00

**DOCUMENT # K15387**

**1. Entity Name**  
**KING CASH INC.**

**Principal Place of Business**  
**1070 E LEJEUNE ROAD**  
**HIALEAH FL 33010**

**Mailing Address**  
**C/O JULIAN HERNANDEZ**  
**1150 NW 72ND AVE., SUITE 307**  
**MIAMI FL 33126**

**2. Principal Place of Business**

**3. Mailing Address**  
**1150 NW 72nd Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**555**

City & State

City & State  
**Miami, FL**

Zip

Country

Zip

**33126**

Country

**4. FEI Number** **65-0054456**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
 Fee Required

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

**HERNANDEZ, JACQUELINE**  
**427 E 38TH STREET #6**  
**HIALEAH FL 33012**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**TITLE** **PTDS** ☐ Delete  
**NAME** **HERNANDEZ, JACQUELINE**  
**STREET ADDRESS** **427 E 38TH STREET #6**  
**CITY-ST-ZIP** **HIALEAH FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**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:** *Jacqueline Hernandez* **Jacqueline Hernandez** 2/22/02 994-7537  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

01194575- AV

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE