

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91146 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K37330**

1. Entity Name

THE KING'S LINE, INC. ✓**666595****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4119 N. STATE RD. 7

3. Mailing Address

1535 N. PARK DRIVE

DO NOT WRITE IN THIS SPACE

Suite, Apt., etc.

STE. 228

Suite, Apt., etc.

STE. 103

City & State

FT. LAUDERDALE, FL

City & State

WESTON, FL

4. FEI Number

65-0147829

Applicant For

Not Applicable

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

Zip

33319

Country

USA

Zip

33326

Country

USA

7. Name and Address of Current Registered Agent

Name

JOEL SANDERS + COMPANY, PA

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

1535 N. PARK DRIVE, SUITE 103

City

WESTON

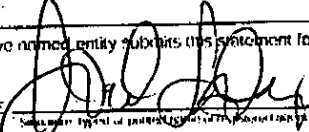
FL

Zip Code

33326**DO NOT WRITE IN THIS SPACE**

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

**JOEL SANDERS + CO. P.A.****4/30/02**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	D
NAME	LARRY SELMONSKY
STREET ADDRESS	4119 N. STATE RD. 7
CITY-ST-ZIP	FT. LAUDERDALE, FL 33319

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D
NAME	STEVEN COHEN
STREET ADDRESS	4119 N. STATE RD. 7
CITY-ST-ZIP	FT. LAUDERDALE, FL 33319

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D
NAME	MITCHELL COHEN
STREET ADDRESS	4119 N. STATE RD. 7
CITY-ST-ZIP	FT. LAUDERDALE, FL 33319

TITLE	
NAME	
STREET ADDRESS	
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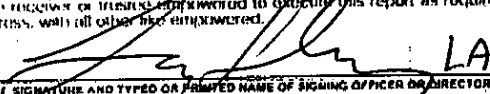
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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other officers empowered.

SIGNATURE:


LARRY SELMONSKY**April 30, 02**

CR2E034B (12/01)