

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K71603**

1. Entity Name

**MARK KING INVESTMENTS, INC.**

Principal Place of Business

5385 PALM AVE., #1  
P.O. BOX 2546  
HIALEAH FL 33012-7546

Mailing Address

5385 PALM AVE., #1  
P.O. BOX 2546  
HIALEAH FL 33012-0546

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

P O BOX 22546

Suite, Apt. #, etc.

City & State  
Hialeah, FL

Zip

33002-2546

Country

USA

4. FEI Number

65-0118091

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KURZWEIL, SUETELLE  
8641 SW 84TH TERRACE  
MIAMI FL 33143

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	KURZWEIL, SUETELLE	
STREET ADDRESS	8641 SW 84TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RICH, KING	
STREET ADDRESS	900 BAY DR., #204	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KURZWEIL, JODI L	
STREET ADDRESS	555 NE 34TH STREET #208	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KURZWEIL, SHIRLEY	
STREET ADDRESS	1800 NE 114TH ST., #2110	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KURZWEIL, ALAN	
STREET ADDRESS	8641 SW 84TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice-Pres. & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kurzweil, Suetelle	
STREET ADDRESS	8641 SW 84 Terrace	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Orovitz, Esta K.	
STREET ADDRESS	14020 SW 104 Place	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kurzweil, Alan	
STREET ADDRESS	8641 SW 84 Terrace	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kurzweil, Howard E.	
STREET ADDRESS	6212 San Vicente	
CITY-ST-ZIP	Coral Gables, FL 33146	

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 OF ALAN Kurzweil, Pres.

03-27-00

Date

305-822-9555

Daytime Phone #