

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003557

1. Entity Name

THE THREE KINGS DAY, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

08-03-2000 90002 045 ****61.25

Principal Place of Business

978 RIVECON RD
 ORLANDO FL 32825

Mailing Address

978 RIVECON RD
 ORLANDO FL 32825

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3388722

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

PLASENCIA, RENE
 978 RIVECON RD
 ORLANDO FL 32825

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE D
 NAME PLASENCIA, RENE
 STREET ADDRESS 3328 S. SEMORAN BLVD.
 CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE D
 NAME LABORDE, LUCY
 STREET ADDRESS 3328 S. SEMORAN BLVD.
 CITY-ST-ZIP ORLANDO FL 32822 ☐ Delete

TITLE D
 NAME APOINTE, JOSE
 STREET ADDRESS 10113 BROWNWOOD AVE
 CITY-ST-ZIP ORLANDO FL 32825 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE D
 NAME Susan Plasencia Martinez
 STREET ADDRESS 8215 Goldenchickasaw Cir
 CITY-ST-ZIP Orlando, FL 32825 ☐ Change ☒ Addition

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Plasencia Martinez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 24/00

Date

407-381-5310

Daytime Phone #

CR2E037 (5/00)