

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007138

1. Entity Name

KINGDOM MONETARY GROUP (USA), INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90112 035 ****61.25

Principal Place of Business

3500 N STATE RD 7, #440
LAUDERDALE LAKES FL 33310

Mailing Address

P O BOX 101083
FT LAUDERDALE FL 33310

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0974827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, JO MARIE
6454 NW 65TH TERR
PARLAND FL 33067

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

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	CD	<input type="checkbox"/> Delete
NAME	BAILEY, KINGSLEY E	
STREET ADDRESS	6454 NW 65TH TERR	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, JO-MARIE	
STREET ADDRESS	6454 NW 65TH TERR	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHARAJ, OMAR D	
STREET ADDRESS	2116 NW 76TH WAY	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, PATRICK	
STREET ADDRESS	5780 NW 60TH AVE, SUITE #F-201	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, WILFRED	
STREET ADDRESS	1802 UNIVERSITY DR #200	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	HYLTON, DAVE	
STREET ADDRESS	1209 SUSSEX DR	
CITY-ST-ZIP	N LAUDERDALE FL 33319	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Tessaro	
STREET ADDRESS	7451 Tresscott Drive	
CITY-ST-ZIP	Lake Worth, Florida 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, PATRICK	
STREET ADDRESS	6454 NW 65TH TERRACE	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	DIRECTOR - BROWN, WILFRED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6800 NW 46TH COURT	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JO MARIE WHITE 5/5/00 954-485-7751

CF2E037 (9/99)