## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P00000037055
1 Entity Name	

KINGS REALTY, INC.



**FILED** Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90117 022 \*\*\*150.00

,					150							
8875 NW 26TH ST			Mailing Address 8875 NW 26TH ST MIAMI FL 33172									
						ĺ						
Principal Place of Business 3. Mailing Addres			ling Address				1141		<u> </u>			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK H	ERE IF MAKING	CHANGE	S	
City & St	ate	City	City & State				4. FEI Number 65-000060 Applied For					
Zip	- Country - Zip - Zip			Country			5. Certifica	ate of Status Desir	ed ·	\$8.75-A	Vot Applicable dditional	e
	6. Name and Address of Curr	ent Registere	d Agent					nd Address of N	ŀ	ee Requir	ed	4
					Name		1441110-01	na Hadress of N	ew negistered A	gent	<del></del>	$\dashv$
	JN, DAVID			}	Street 4	Address (P	O. Boy Num	ber is Not Accep				_
	/ 26TH ST				Ollectiv	duless (F.	.O. BOX NUM	iber is Not Accep	(able)			
Miami Fl	_ 331/2			Ì								
				Ţ	City		·	-	FL	Zip Cod	de	$\dashv$
8. The above	e named entity submits this statemer	nt for the purpo	ose of changing its r	registere	d office o	r registere	d agent or h	onth, in the State o	of Florida Lam fa	milios with		4
the obliga	ations of registered agent.		- <b>-</b>					out the otate of	n nonda. Tanija	ariingas vyjų i	, and accept	
SIGNATURE												
	Signature, typed or printed name of registered as	gent and title if appli	cable. (NOTE:	Registered	Agent signat	ure required w	hen reinstating)		DATE			
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0						9.6	Election Campaigr	Financina	фг.	20	
Make Chec	k Payable to Florida Departmen	t of State	s + +			~ ~ 125 ÷~	_ T	rust Fund Contrib	ution 🔲	Adde	<b>00</b> May Be d to Fees	
10.		ND DIRECTOR	as	11.				S/CHANGES TO (				4
TITLE	PD		☐ Delete	TITLE		T	7,527110710	37 0 1 1 1 1 C 1 C 1 C 1		☐ Change	Addition	16
NAME STREET ADDRESS	GUENOUN, DAVID 8875 NW 26TH ST			NAME					'		Addition	3
CITY-ST-ZIP	MIAMI FL 33172		-	STREET CITY-S	ADDRESS							1
TITLE	VST		Delete	TITLE	01-ZIP	V57			<del></del>			_  }
NAME	SOLOMON, JOSEPH		CT Detete	NAME				TOSEPH	4	Change Change	☐ Addition	5
STREET ADDRESS	8875 NW 26TH ST			STREET	ADDRESS	8875	NW 2	SOSEPH 6th ST				
CITY-ST-ZIP	MIAMI FL 33172			CITY-S	T-ZIP	HI	MI, FL	33172				-
TITLE NAME	,		Delete	TITLE						Change	☐ Addition	1
STREET ADDRESS				NAME	ADDRESS							
CITY-ST-ZIP				CITY-S								
TIŢLE			Delete	TJTLE_=						T Change		-
NAME				NAME					<del></del>	Change	Addition	-
STREET ADDRESS CITY-ST-ZIP				STREET.	address 1-zip							
TITLE			☐ Delete	TITLE				,,		Change	Addition	1
NAME			1	NAME					L	i onenge	☐ Vacation	
STREET ADDRESS CITY-ST-ZIP					ADDRESS							
ITLE	<u> </u>	<del>-</del>		CITY-ST	-ZIP							
IAME			Delete	TITLE NAME						Change	Addition	ĺ
TREET ADDRESS				STREET A	ADDRESS							
ITY-ST-ZIP				CITY-ST								
	_ <del></del>				- 1							

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 607, 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:

CHILLENE DAVIDINGUEYOUN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR