

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

04-03-2003 90188 046 ***150.00

DOCUMENT # P00000057396																										
1. Entity Name O.T.V. KING CORPORATION																										
Principal Place of Business 3705 W FLAGLER ST. MIAMI FL 33134		Mailing Address 3705 W FLAGLER ST. MIAMI-FL 33134																								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 19195 Mystic Pointe Dr Suite, Apt. #, etc. 2205																								
City & State		City & State Aventura, FL 33180																								
Zip	Country	Zip 33180	Country USA																							
4. FEI Number 65-1060762		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent CESAR, OSVALDO D 19195 MYSTIC POINTE DR. #2205 MIAMI, FL 33180		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;">State FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> </tr> </table>		Name	Street Address (P.O. Box Number is Not Acceptable)	City	State FL	Zip Code																		
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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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small> DATE _____																										
FILE NOW!!! - FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: _____ SIGNATURE REQUIRED 3/25/03 . 305-970-9592																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>																								

CR2E034 (10/02)