

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90126 004 ***150.00

DOCUMENT # P00000065900

1. Entity Name
KING MIDAS FINANCIAL SERVICES, INC.



Principal Place of Business
**18441 NW 2 AVENUE SUITE 219
MIAMI FL 33169**

Mailing Address
**18441 NW 2 AVENUE SUITE 219
MIAMI FL 33169**

90013347



2. Principal Place of Business

3. Mailing Address

2320 HOLLYWOOD BLVD 2320 HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD FL.

City & State
HOLLYWOOD, FL.

4. FEI Number **65-1026041**

Applied For
Not Applicable

Zip **33020** Country **USA**

Zip **33020** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, SANFORD L

**18441 NW 2 AVENUE SUITE 219 2320 HOLLYWOOD BLVD
MIAMI FL 33169 HOLLYWOOD, FL 33020**

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. I am familiar with, and accept the obligations of registered agent.

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 \$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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KING, SANFORD L**
STREET ADDRESS **18441 NW 2 AVE #219 8861 SO. ORCHARD RD**
CITY-ST-ZIP **MIAMI FL 33169 DAVIE, FL 33328**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SANFORD L. KING
PRESIDENT**

1/27/03 954-889-0888

CR2E034 (10/02)