

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90086 026 \*\*\*550.00

DOCUMENT # P00000071791

1. Entity Name

KING OF KINGS PROMOTIONS INC.

**DO NOT WRITE IN THIS SPACE**

80137674

2. Principal Place of Business

290 NW 191 STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 695038

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1027676

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

33169

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ANTHONY BRUCE

Street Address (P.O. Box Number is Not Acceptable)

290 NW 191 STREET

City

MIAMI

FL

Zip Code

33169

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

*Anthony Bruce*

Anthony Bruce

9-10-02

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, WORREL 290 NW 191 STREET MIAMI, FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANTHONY BRUCE 290 NW 191 STREET MIAMI, FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Anthony Bruce*

ANTHONY BRUCE, VP

*Anthony Bruce*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 9-10-02

Daytime Phone

653-2740

CR2E083B (12/01)