

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000115954**

1. Entity Name

**KING AERO TRACE SYSTEMS, INC.****FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90305 011 \*\*\*150.00

000738

Principal Place of Business

Mailing Address

**13020 SW 14TH PL.  
DAVIE FL 33325****13020 SW 14TH PL.  
DAVIE FL 33325**

2. Principal Place of Business

3. Mailing Address

**Gelber and Company**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**285 N.w. 199 St. # 204**

City &amp; State

**City & State  
Miami, Florida 33169**

4. FEI Number

**65-1061058**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****KING, WARREN L  
13020 SW 14TH PL.  
DAVIE FL 33325**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
Warren L. King  
13020 SW 14 Place  
Davie, Florida 33325**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Warren L. King**Warren L. King*

Date

Daytime Phone #

CR2E034 (10/00)