

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91386 003 \*\*\*150.00

0218244 AV

**DOCUMENT # P01000095149**

1. Entity Name  
**FRIENDLY KING, INC.**



Principal Place of Business  
**848 BRICKELL AVENUE, SUITE 1000  
MIAMI FL 33131**

Mailing Address  
**848 BRICKELL AVENUE, SUITE 1000  
MIAMI FL 33131**



2. Principal Place of Business  
**848 BRICKELL AVENUE**

3. Mailing Address  
**S A M E**

Suite, Apt. #, etc.

**PENTHOUSE I**

Suite, Apt. #, etc.

City & State  
**MIAMI FL.**

City & State

4. FEI Number **65-1142136**

Applied For

Not Applicable

Zip  
**33131**

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MURAL, WALD, BIONDO & MORENO, P.A.  
900 INGRAHAM  
25 S.E. 2ND AVENUE  
MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

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 **ARDID, RAFAEL**  
STREET ADDRESS **848 BRICKELL AVE. ~~STE 1000~~ PENTHOUSE I**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **V** ☐ Delete  
NAME **ARDID, JOSE M**  
STREET ADDRESS **848 BRICKELL AVE. ~~STE 1000~~ PENTHOUSE I**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **V** ☐ Delete  
NAME **ARDID, INIGO**  
STREET ADDRESS **848 BRICKELL AVE. ~~STE 1000~~ PENTHOUSE I**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **VARDID DLECD** ☐ Delete  
NAME  
STREET ADDRESS **848 BRICKELL AVE PENTH I**  
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 like empowered.

**SIGNATURE:**

**JOSE ARDID VICE PRESIDENT**

**04/21/03**

**(305) 2777001**

Date

Daytime Phone #

CR2E034 (10/02)