2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State P01000107900 DOCUMENT # 1. Entity Name KINGS PLACE DEVELOPMENT INC. 04-18-2002 90446 042 ***150 00 Principal Place of Business Mailing Address 1220 SW 72ND AVE PO BOX 441363 **MIAMI FL 33144** MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-162*83*78 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZA AURORA GONZALES, AURORA Street Address (P.O. Box Number is Not Acceptable) 1220 SW 72ND AVE <u>1220</u> MIAMI FL 33144 liane! 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 FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) Addition . TITLE ☐ Delete TITLE President DHAS C. GONZALEZ NAME NAME STREET ADDRESS STREET ADDRESS igao sw 72 Avenue FL CITY-ST-ZIP CITY-ST-ZIP iomi TITLE ☐ Delete ☐ Change Addition NAME NAMÉ ago sw 72 Avene STREET ADDRESS STREET ADDRESS CITY-ST-ZIP IQMI CITY-ST-ZIP TITLE : Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP opplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that 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 used impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information suindicated on this report or supplement of the corporation or the receiver tree.

SIGNATURE:

changed, or on an attachment wi

Tambo Consul SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with all other like empowered