

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90077 005 \*\*\*150.00

**DOCUMENT # P02000043466**

1. Entity Name  
**FIVE KINGS, CORP.**



Principal Place of Business  
**1978 NE 149 ST  
N MIAMI FL 33181**

Mailing Address  
**1978 NE 149 ST  
N MIAMI FL 33181**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>043649549</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>LAZZARI, LAURA 1978 NE 149 ST N MIAMI FL 33181</b>				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 \_\_\_\_\_ (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 11/02			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LAZZARI, LAURA</b>			NAME			
STREET ADDRESS	<b>1978 NE 149 ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>N MIAMI FL 33181</b>			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHUMERINI, JUAN C</b>			NAME			
STREET ADDRESS	<b>1978 NE 149 ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>N MIAMI FL 33181</b>			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SERVIO, GUSTAVO</b>			NAME			
STREET ADDRESS	<b>1978 NE 149 ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>N MIAMI FL 33181</b>			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SERVIO, SERGIO</b>			NAME			
STREET ADDRESS	<b>1978 NE 149 ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>N MIAMI FL 33181</b>			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SERVIO, JORGE</b>			NAME			
STREET ADDRESS	<b>1978 NE 149 ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>N MIAMI FL 33181</b>			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:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)