

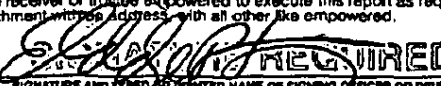
FILED
Jun 09, 2003 8:00 am
Secretary of State

04-23-2003 90203 028 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

4/23

4

DOCUMENT # P02000048706			
1. Entity Name KINGS AIR OF MIAMI INC.			
Principal Place of Business 2000 NW 191 STREET MIAMI FL 33056		Mailing Address 2000 NW 191 STREET MIAMI FL 33056	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KING, ELDRIDGE 2000 NW 191 STREET MIAMI FL 33056		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		DATE	
Signature, typed or printed name of registered agent and state if applicable.		(NOTE: Registered Agent signature required when re-electing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee, will be \$650.00 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 NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Owner / President Eldridge King 2000 NW 191 ST. MIAMI, FL 33056			
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
Delete ☐		Change ☐ Addition ☐	
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 the address, with all other like empowered.			
SIGNATURE: 		2 APR 03 (305) 621-7176	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

55047196

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0597262 Applied For Not Applicable

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

CR20034 (10/02)