


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

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90093 006 \*\*\*150.00

DOCUMENT # <b>P03.0000 71466</b>	
1. Entity Name <b>King Buses of America Inc</b>	

**DO NOT WRITE IN THIS SPACE**

**54060347**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3400 LAKESIDE DR</b> Suite, Apt. #, etc. <b>#102</b>		3. Mailing Address <b>3400 LAKESIDE DR</b> Suite, Apt. #, etc. <b>#102</b>	
City & State <b>MIRAMAR FL 33027</b>	City & State <b>MIRAMAR FL 33027</b>	4. FEI Number <b>20-0059825</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
7. Name and Address of Current Registered Agent			
Name <b>JACOB WERBA</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>3400 LAKESIDE DR #102</b>			
City <b>MIRAMAR</b> FL Zip Code <b>33027</b>			

**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT JACOB WERBA 3400 LAKESIDE DR #102 MIRAMAR FL 33027</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with an office or the empowered.

SIGNATURE: **JACOB WERBA** 7/1/04 954991925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

Attachment  
Doc. # P03000021466  
54060347

**KING BUSES OF AMERICA INC.**

Huntington Square II  
3400 Lakeside Drive #120  
Miramar, Florida 33027  
Phone 954-499-1925  
Fax 305-402-0386  
Toll Free 1-888-283-0012

July 1, 2004

Fl. Dept Rev  
Div corp  
p.o. box 6327  
Tallahassee, Florida 32314

To whom it may concern

Please find enclosed the completed UBR for the above corp. with the fee of \$150.00. I am requesting a waiver of late fees due since the application, for some reason, was not received.

You may contact me should you have any questions.

Sincerely,

  
Jacob Werba, Pres.