

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**  
 03-24-2000 90125 023 \*\*\*150.00

**DOCUMENT # P93000045917**

1. Entity Name

**KINGS TROLLEY CO., INC.**

Principal Place of Business

998 S. MILITARY TRAIL  
 DEERFIELD BEACH FL 33442  
 US

Mailing Address

998 S. MILITARY TRAIL  
 DEERFIELD BEACH FL 33442-2987  
 US

**00043978**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2757161**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEREZ, JOSEPH D.**

**6250 SWAN'S TERRACE**

**COCONUT CREEK FL 33073**

*4500 NW 12th Drive  
 Pompano Bch, FL.*

*33064*

Name

Street Address (P.O. Box Number is Not Acceptable)

*4500 NW 12th Drive*

City

*Pompano Beach*

**FL**

Zip Code

*33064*

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEREZ, JOSEPH D SR	
STREET ADDRESS	6250 SWAN'S TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PEREZ, JOSEPH D JR	
STREET ADDRESS	4771 NW 13TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEREZ, DARCY	
STREET ADDRESS	8804 SW 11TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>4500 NW 12th Drive</i>
CITY-ST-ZIP	<i>Pompano Bch, FL. 33064</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Darcy Perez Tres* **Darcy Perez Tres** *3/15/00* **954-489-3100**