

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072457

1. Entity Name

CAR KINGDOM OF FLORIDA, CORP.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90067 039 ***150.00

Principal Place of Business

Mailing Address

102 N.W 27 AVE
MIAMI FL 33125
US

102 N.W 27 AVE
MIAMI FL 33063-4972
US

2. Principal Place of Business

3. Mailing Address

1313-A S. STATE RD. 7

P.O. BOX 266963

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOLLYWOOD FL

City & State
WESTON FL

Zip
33023

Country
USA

Zip
33326

Country
USA

4. FEI Number

65-0525917

Applied For

Not Applicable

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

CARVALHO, MANUEL A
102 N.W. 27 AVE
MIAMI FL 33125

Name
CARVALHO, MANUEL A

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

1313A S. STATE RD. 7

City
HOLLYWOOD

FL

Zip Code
33023

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

MANUEL A. CARVALHO

President

04-26-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CARVALHO, MANUEL A
824 SAVANNAH FALLS DR
WESTON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CARVALHO, MANUEL A
1313-A S. STATE RD. 7
HOLLYWOOD FL 33023 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CASELLA, CONSTANTINO
13953 KENDALL LAKE CIR #607
MIAMI FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 #

SIGNATURE MANUEL A. CARVALHO - President 04/26/00 (954) 298-4636

CR2E034 (3/99)