

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90071 034 ***150.00

0200367 AV

DOCUMENT # P95000034365

1. Entity Name

KINGS MEADOW CONVENIENCE CENTER, INC.

Principal Place of Business

Mailing Address

172 W FLAGLER ST
 SUITE 310
 MIAMI FL 33130

172 W FLAGLER ST
 SUITE 310
 MIAMI FL 33130

B0065117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

25 SW 2nd Avenue
 Suite, Apt. #, etc.

25 SW 2nd Avenue
 Suite, Apt. #, etc.

City & State

City & State

Miami FL

Miami FL

4. FEI Number

65-0598892

Applied For

Not Applicable

Zip

Country

Zip

Country

33130

USA

33130

USA

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

GRAGG, K. LAWRENCE
200 S BISCAYNE BLVD
SUITE 4900
MIAMI FL 33131

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.

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **BLOCK, HENRY R**
 CITY-ST-ZIP **172 W FLAGLER ST SUITE 310**
FT MYERS FL 33907

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **THOMAS, JACK K JR**
 CITY-ST-ZIP **7181 COLLEGE PKWY #40**
FT-MYERS FL 33907

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Henry R Block
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02
 Date

(305) 388-5511
 Daytime Phone #

CR2E034 (9/01)