

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000051599**

1. Entity Name

KINGSTOWN INVESTMENTS, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90091 043 ***150.00

0154807

Principal Place of Business	Mailing Address
701 BRICKELL AVENUE SUITE 850 MIAMI FL 33131 US	701 BRICKELL AVENUE SUITE 850 MIAMI FL 33131-2851 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0600053	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SULLIVAN, JOHN S 701 BRICKELL AVENUE SUITE 1600 (RFH) MIAMI FL 33131

7. Name and Address of New Registered Agent
Name CT CORPORATION
Street Address (P.O. Box Number is Not Acceptable) 1200 PLANTATION ISLAND ROAD
City PLANTATION
FL
Zip Code 33324

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		VICKY GOLDSTEIN	4/30/01
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent must be a resident of the State of Florida.)	DATE
		SPECIAL ASSISTANT SECRETARY	

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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																								
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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 a former like empowered.

SIGNATURE:

Jack Michael Harary

4/20/01

305-381-8340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)