

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055000

1. Entity Name

KINGS MILLS INVESTMENTS, INC.

Principal Place of Business

175 FONTAINEBLEAU BLVD.
SUITE 1-A-4
MIAMI FL 33172

Mailing Address

175 FONTAINEBLEAU BLVD.
SUITE 1-A-4
MIAMI FL 33172-4511

2. Principal Place of Business

8323 N.W. 12TH STREET

Suite, Apt. #, etc.

#204 BEACON CENTRE

City & State

MIAMI, FL

Zip

33124

Country

DADE

3. Mailing Address

8323 N.W. 12TH STREET

Suite, Apt. #, etc.

#204 BEACON CENTRE

City & State

MIAMI, FL

Zip

33124

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0865931

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LECHASNEY, CHARLES
1140 GLENWOOD COURT
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

FERREIRO ALFREDO

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

8323 N.W. 12TH ST SUITE 204

BEACON CENTRE

City

MIAMI

FL

Zip Code

33124

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

ALFREDO FERREIRO

(NOTE: Reg. Agent Signature required when reinstating)

DATE

04/26/00

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

TITLE PD
NAME RIVERON, WILLIAM
STREET ADDRESS 175 FONTAINEBLEAU BLVD. SUITE 1-A-4
CITY-ST-ZIP MIAMI FL 33172 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

William Riveron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/00 (305) 7189444

CR2E034 (9/99)