2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000069876** Jan 24, 2000 8:00 am 1. Entity Name **Secretary of State** KING DAVID CORPORATION 01-24-2000 90002 023 ***150.00 Mailing Address Principal Place of Business 3731 N.W. 8TH PLACE 3731 N.W. 8TH PLACE FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311-6427 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0619545 Not Applicable Country Country Zip \$8.75 Additional ___Zip____ 5.-Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent ~ 6. Name and Address of Current Registered Agent Name LEWIS, OZELL Street Address (P.O. Box Number is Not Acceptable) C/O LAW OFFICES OF COSTELL WALTON, JR. 2480 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33311 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition **PSTD** Change ☐ Delete TITLE TITLE LEWIS, OZELL NAME STREET ADDRESS STREET ADDRESS 2480 NORTH ANDREWS AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 Change ■ Addition ☐ Delete TITLE TITLE SHEFFIELD, TARRANCE NAME STREET ADDRESS STREET ADDRESS 4208 S.W. 19TH STREET CITY-ST-ZIP CITY-ST-7IP W. HOLLYWOOD FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE WILLIAMS, NATHANIEL NAME NAME STREET ADDRESS STREET ADDRESS 18901 N.W. 14TH CT. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE CLARK, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 5431 FLETCHER STREET CITY-ST-ZIP CITY-ST-ZIP 🐔 HOLLYWOOD FL' ☐ Addition ☐ Change ☐ Delete TITLE NAME HOPKINS, JAMES STREET ADDRESS STREET ADDRESS 3731 N.W. 8TH PLACE CITY-ST-7/P CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition ☐ Change Delete THLE TITLE NAME MOUTON, KEVIN NAME STREET ADDRESS STREET ADDRESS 2411 N.W. 28TH AVENUE CITY-ST-ZIP FT LAUDERDALE FL 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 effect like empowered.

SIGNATURE:

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Date

Date