

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024644

1. Entity Name

KINGDOM CONSTRUCTION CORP.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90018 002 ***150.00

Principal Place of Business Mailing Address
1841 NE 65TH COURT 1841 NE 65TH COURT
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-1054
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1841 NE 65 CT
Suite, Apt. #, etc.

3. Mailing Address Same
Suite, Apt. #, etc.

City & State FT LAUD FL

4. FEI Number 65-0654415
Applied For Not Applicable

Zip 33308 Country 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

LANATA, JOHN
2450 N.E. 13TH AVE.
WINTER MANORS FL 33305

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 _____ (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	PSD LANATA, JOHN A. 1841 NE 65TH COURT FT. LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: John Lanata 1/25/00 954 938-4466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #