

2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # P96000041911

1. Entity Name

MULT-KING PROPERTIES, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

06-20-2000 90008 017 ***150.00

08-15-2000 90018 039 ***408.75

Principal Place of Business

1529 NW 37 STREET
 MIAMI FL 33142

Mailing Address

1529 NW 37 STREET
 MIAMI FL 33142-5567

2. Principal Place of Business

7575 SW 38 ST
 Suite, Apt. #, etc.

3. Mailing Address

7575 SW 38 ST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLA
 Zip 33155 Country DADE

City & State

MIAMI FLA
 Zip 33155 Country MIAMI-DADE

4. FEI Number

65-0778231

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, JORGE L
 1529 NW 37 STREET
 MIAMI FL 33142

7. Name and Address of New Registered Agent

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, 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 D
 NAME SALAZAR, JORGE L
 STREET ADDRESS 1529 NW 37 STREET
 CITY-ST-ZIP MIAMI FL 33142 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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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 JORGE L. SALAZAR ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 7575 SW 38 ST
 CITY-ST-ZIP MIAMI FLA 33155

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

TITLE
 NAME
 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:

[Signature] 1-23-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 8704 1/1/00