

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097561

1. Entity Name

KINGS POINT PROPERTIES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90004 042 ***150.00

Principal Place of Business

7686 WILES ROAD
 CORAL SPRINGS FL 33067

Mailing Address

7686 WILES ROAD
 CORAL SPRINGS FL 33067-2069

2. Principal Place of Business

10034 W. McNab Rd.
 Suite, Apt. #, etc.

3. Mailing Address

10034 W. McNab Rd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tamara FL

City & State

Tamara FL

4. FEI Number

65-0729383

Applied For

Not Applicable

Zip

33321

Country

Broward

Zip

33321

Country

Broward

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

MILES, JAMES R
 7686 WILES RD
 CORAL SPGS FL 33067

Name

James R Miles
 10034 W. McNab Rd

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

City

Tamara

FL

Zip Code

33321

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MILES, JAMES R	
STREET ADDRESS	7686 WILES RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FUTTERMAN, ALLAN W	
STREET ADDRESS	7686 WILES RD	
CITY-ST-ZIP	CORAL SPGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

James R Miles *4/27/00* *754-718-9696*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)