

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90136 006 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000017394

1. Entity Name
 KRIS KING ENTERPRISES, INC.

Principal Place of Business
 1402 EAST LAS OLAS
 #406
 FORT LAUDERDALE, FL.
 33301

Mailing Address
 1402 EAST LAS OLAS
 #406
 FORT LAUDERDALE, FL.
 33301

2. Principal Place of Business
 701 EAST BROWARD BL.
 Suite, Apt. #, etc.
 F
 City & State
 FORT LAUD FL.

3. Mailing Address
 701 EAST BROWARD BL.
 Suite, Apt. #, etc.
 F
 City & State
 FORT LAUD. FL.

4. FEI Number
 65-0741806

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ROBERT JACUMIN
 1402 EAST LAS OLAS #406
 FORT LAUDERDALE, FL.
 33301

7. Name and Address of New Registered Agent
 Name: ROBERT JACUMIN
 Street Address (P.O. Box Number is Not Acceptable): 701 EAST BROWARD BL.
 # F
 City: FORT LAUDERDALE FL Zip Code: 33301

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 *Robert Jacumin* **DATE** 4/20/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE P/D JACUMIN, ROBERT <input type="checkbox"/> Delete	NAME 1402 EAST LAS OLAS #406
STREET ADDRESS FORT LAUDERDALE, FL.	CITY-ST-ZIP 33301
TITLE VP/D LINCOLN CHEYENNE CHENEY <input type="checkbox"/> Delete	NAME 2607 N.W. 33RD ST. #24121
STREET ADDRESS FORT LAUD. FL.	CITY-ST-ZIP 33309
TITLE T/D CABRAL, MARK <input type="checkbox"/> Delete	NAME 1402 EAST LAS OLAS #406
STREET ADDRESS FORT LAUD. FL.	CITY-ST-ZIP 33301

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D JACUMIN, ROBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 701 EAST BROWARD BLVD. # F
STREET ADDRESS FORT LAUD, FL.	CITY-ST-ZIP 33301
TITLE VP/D LINCOLN CHEYENNE CHENEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 701 EAST BROWARD BLVD. # F
STREET ADDRESS FORT LAUD. FL.	CITY-ST-ZIP 33301
TITLE T/D CABRAL, MARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 701 EAST BROWARD BL. # F
STREET ADDRESS FORT LAUD. FL.	CITY-ST-ZIP 33301

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: *Robert Jacumin* (ROBERT JACUMIN) **DATE** 4/20/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)