

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000058501**

1. Entity Name

KING WORLD TRADING CORP

Principal Place of Business

Mailing Address

4582 SW 127 CT.
MIAMI FL 331754582 SW 127 CT.
MIAMI FL 33175

2. Principal Place of Business

191 SW 12 AVE

Suite, Apt. #, etc.

3. Mailing Address

PO Box 94370

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33184

Country

Dade

Zip

33194-0370

Country

Dade

4. FEI Number

65-0764938

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

VAZQUEZ, MANUEL JR.
4582 SW 127 CT.
MIAMI FL 33175

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ DeleteNAME **D**
STREET ADDRESS **VAZQUEZ, MANUEL JR.**
CITY-ST-ZIP **4582 SW 127 CT.**
MIAMI FL 33175TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-08-2001



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)