

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107223

1. Entity Name

KING PIN STATION, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90008 024 ***150.00

Principal Place of Business

19700 N.W. 3RD COURT
MIAMI FL 33169

Mailing Address

19700 N.W. 3RD COURT
MIAMI FL 33169-3229

2. Principal Place of Business

3. Mailing Address

c/o R. Feldman, 300 Sevilla

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 305

City & State

City & State

Coral Gables, FL

Zip

Country

Zip

33134

Country

USA

4. FEI Number

65-0801851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

WILSON, ROHAN A
19700 N.W. 3RD COURT
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name

Robert L. Feldman, Esquire

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

300 Sevilla Avenue, Suite 305

City

Coral Gables

FL

Zip Code

33134

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 L. Feldman
Signature, typed or printed name of registered agent and title if applicable.

Robert L. Feldman, Esquire

4/5/00

DATE

(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) ☒

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 <input type="checkbox"/> Delete
NAME	WILSON, ROHAN A
STREET ADDRESS	19700 N.W. 3RD COURT
CITY-ST-ZIP	MIAMI FL 33169
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rohan A. Wilson

4/5/00

305-720-7414

Date

Daytime Phone #

CR2E034 (9/99)