

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**  
 03-22-2001 90013 044 \*\*\*150.00

**DOCUMENT # P98000024907**

1. Entity Name  
**KING'S TREASURE TOBACCO OF DOLPHIN MALL, INC.**

Principal Place of Business Mailing Address  
~~401 BISCAYNE BLVD #3142~~ 343 CENTER ISLAND DR.  
~~MIAMI FL 33132~~ GOLDEN BEACH FL 33160  
 US

936007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**11250 NW 25th St.**

3. Mailing Address

Suite, Apt. #, etc.

**E 309**

City & State  
**Miami FL**

Zip Country  
**33172-1820 USA**

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-1075660**

Applied For  
 Not Applicable

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

**HERNANDEZ, MANUEL**  
~~401 BISCAYNE BLVD. #S-142~~  
~~MIAMI FL 33132~~

Name

Street Address (P.O. Box Number is Not Acceptable)  
**343 Center Island Dr.**

City **Golden Beach** **FL** Zip Code **33160**

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 DATE

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 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 **PD** ☐ Delete  
 NAME **KELLY, BONNIE**  
 STREET ADDRESS **343 CENTER ISLAND DR.**  
 CITY-ST-ZIP **GOLDEN BEACH FL 33160**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VSTD** ☐ Delete  
 NAME **HERNANDEZ, MANUEL**  
 STREET ADDRESS **343 CENTER ISLAND DR.**  
 CITY-ST-ZIP **GOLDEN BEACH FL 33160**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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

**Bonnie Kelly** **3/12/2001** **305-279-1411**  
 Date Daytime Phone #

CR2E034 (10/00)