

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90053 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P98000024907</b>			
1. Entity Name <b>KING'S TREASURE TOBACCO OF DOLPHIN MALL, INC.</b>			
Principal Place of Business <b>11250 NW 25TH ST E 309 MIAMI FL 33172-1820 US</b>		Mailing Address <b>343 CENTER ISLAND DR. GOLDEN BEACH FL 33160 US</b>	
2. Principal Place of Business		3. Mailing Address <b>9745 Sunset Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>201</b>	
City & State		City & State <b>Miami, FL</b>	
Zip	Country	Zip	Country
		<b>33173-4649</b>	<b>USA</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HERNANDEZ, MANUEL 343 CENTER ISLAND DR GOLDEN BEACH FL 33160</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	
		<b>FL</b>	
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 _____ (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. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	<b>PD KELLY, BONNIE</b>		
CITY-ST-ZIP	<b>343 CENTER ISLAND DR. GOLDEN BEACH FL 33160</b>		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	<b>VSTD HERNANDEZ, MANUEL</b>		
CITY-ST-ZIP	<b>343 CENTER ISLAND DR. GOLDEN BEACH FL 33160</b>		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
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TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Bonnie Kelly</b>		2/10/2002 305-931-6487	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/01)