

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90576 041 ***150.00

DOCUMENT # *P980000052484*
1. Entity Name
Kings of Kings Entertainment

636368

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 640913

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL.

4. FEI Number

65-0843565

Applied For

Not Applicable

Zip

Country

Zip

Country

33164

Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Cory McFarlane

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME

*CEO
Jerry Pierrelus
P.O. Box 640913
Miami, FL. 33164*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

*President
Junior Biggs
P.O. Box 640913
Miami, FL. 33164*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

*President of Musical Operations
Martin Montesinos
8316 N.W. 201 St.
Miami Lakes, FL 33015*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Pierrelus, Jerry / Jerry Pierrelus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02
Date

*(786) 243-9440
(305) 467-9464*
Daytime Phone #

CR2E034B (12/01)