

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022183

1. Entity Name

KING'S PAPER AND CLEANING SUPPLIES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90870 011 ***150.00

Principal Place of Business

Mailing Address

455 E. 10TH COURT
HIALEAH FL 33010

455 E. 10TH COURT
HIALEAH FL 33010-5152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0909807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACIAS, LEONARDO O
455 E. 10TH COURT
HIALEAH FL 33010

Name

Armando Perez

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

455 E. 10th Ct.

City

Hialeah

FL

Zip Code

33010

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/PRESIDENT** ☐ Delete
NAME **SEQUEIRA, GREGORY**
STREET ADDRESS **455 E. 10TH COURT**
CITY-ST-ZIP **HIALEAH FL 33010**

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

TITLE **VICE-PRESIDENT** ☐ Delete
NAME **ARMANDO PEREZ**
STREET ADDRESS **455 E. 10TH COURT**
CITY-ST-ZIP **HIALEAH, FLORIDA 33010**

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
NAME **ARMANDO PEREZ**
STREET ADDRESS **455 E. 10TH COURT**
CITY-ST-ZIP **HIALEAH, FLORIDA 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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

Date

Daytime Phone #

ARMANDO PEREZ

4/24/2000

(305) 863-1779

CR2E034 (9/99)