FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91347 012 ***150.00

669339

DOCUMENT # P99000022183

1. Entity Name

King's Paper And Cleaning Supplies, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18905 S.W. 95 Avenue	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33157 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0900807 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

KENNETH M. HALLER, C.P.A., P.A.
12515 N. KENDALL DRIVE #314
MIAMI, FLORIDA 33186-1830

City Miami FL Zip Code 33186

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: Kenneth M. Haller KENNETH M. HALLER 4/30/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

☐ 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	VP
NAME	Perez, Armando
STREET ADDRESS	18905 S.W. 95 Avenue
CITY-ST-ZIP	Miami , FL 33157
TITLE	D
NAME	Perez, Tomas
STREET ADDRESS	18905 S.W. 95 Avenue
CITY-ST-ZIP	Miami, FL 33157
TITLE	DIRECTOR
NAME	MARUS, SOTIRIA
STREET ADDRESS	18905 SW 95 AVENUE
CITY-ST-ZIP	MIAMI, FLORIDA 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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

SIGNATURE: SOTIRIA MARUS MAY 1 2002 (305)863-177