2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P990000 6989~~ P99000023078

1. Entity Name

KING VIDEO STORE, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State
02-24-2000 90072 028 ***150.00

Principal Place of Business: 15884 S.W. 137 AVE. MIAMI, FL - 33177

Mailing Address: SAME

[redacted]

DO NOT WRITE IN THIS SPACE

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: 65-0902521 ☐ 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
AMPARO RODRIGUEZ 15884 S.W. 137 AVE. MIAMI, FL. 33177	Name: RAIMUNDO LOPEZ Street Address (P.O. Box Number is Not Acceptable): 15884 S.W. 137 Ave MIAMI City: MIAMI FL Zip Code: 33177

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: RAIMUNDO LOPEZ - [signature] DATE: 1/14/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD AMPARO RODRIGUEZ 15884 S.W. 137 Ave MIAMI, FL. 33177	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D RAIMUNDO LOPEZ 15884 S.W. 137 Ave MIAMI, FL. 33177	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S REINALDO FERNANDEZ 15884 S.W. 137 Ave MIAMI, FL. 33177	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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] RAIMUNDO LOPEZ PRES. 1/14/00 305-253-5127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #