

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
 05-18-2000 90288 029 ***158.75

DOCUMENT # P990000046695 ✓
1. Entity Name TELE KING CORPORATION
 925 WEST 47 COURT
 MIAMI BEACH FL 33140

Principal Place of Business 925 WEST 47 COURT
Mailing Address MIAMI BEACH FL 33140

2. Principal Place of Business 925 WEST 47 COURT
3. Mailing Address 925 WEST 47 COURT
 Suite, Apt. #, etc.

City & State MIAMI BEACH FL
City & State MIAMI BEACH FL
Zip 33140 **Country** USA

4. FEI Number 65-0923778
Applied For ☐ **Not Applicable**
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SPIEGEL & UTRERA PA
 343 ALMERIA AVENUE
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name WILLIAM S MARTIN
Street Address (P.O. Box Number is Not Acceptable) 4045 SHERIDAN AVE
 425
City MIAMI BEACH FL **Zip Code** 33140

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 Willie A. Martin **DATE** 4/27/2000
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. ☒
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	NAME WILLIAM S MARTIN <input type="checkbox"/> Delete
STREET ADDRESS	427 WEST 42 ST
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	NAME WILLIAM S MARTIN <input type="checkbox"/> Delete
STREET ADDRESS	427 WEST 42 ST
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	NAME WILLIAM S MARTIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4045 SHERIDAN AVE #425
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	NAME WILLIAM S MARTIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4045 SHERIDAN AVE 425
CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Willie A. Martin WILLIAM S MARTIN **DATE** 4/27/00 **305 213 7693**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)