

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055622

1. Entity Name

LAWRENCE J. KING, ESQ., P.A.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90127 044 ***150.00

Principal Place of Business C/O JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA, SUITE 700 MIAMI FL 33131-2816	Mailing Address C/O JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA, SUITE 700 MIAMI FL 33131-2805
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1 SE 3 AVE, #1920	3. Mailing Address 1 SE 3 AVE #1920
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 65-0938416	Applied For <input type="checkbox"/> Not Applicable
Zip 33131	Country USA	Zip 33131	Country USA

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

6. Name and Address of Current Registered Agent

GREEN, JONATHAN H
C/O JONATHAN H. GREEN & ASSOCIATES, P.A.
799 BRICKELL PLAZA, SUITE 700
MIAMI FL 33131-2816

7. Name and Address of New Registered Agent

Name: LAWRENCE J. KING
Street Address (P.O. Box Number is Not Acceptable)
1 SE 3 AVE, #1920
City: MIAMI FL Zip Code: 33131

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: *Lawrence J. King* Principal & Sole Shareholder
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 1/27/2000

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JONATHAN H 799 BRICKELL PLAZA, SUITE 700 MIAMI FL 33131-2816 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS KING, LAWRENCE J 799 BRICKELL PLAZA, SUITE 700 MIAMI FL 33131-2816 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, LAWRENCE J 799 BRICKELL PLAZA, SUITE 700 MIAMI FL 33131-2816 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRINCIPAL & SOLE SHAREHOLDER LAWRENCE J. KING, ESQ. 1 SE 3 AVE #1920 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lawrence J. King* Principal & Sole Shareholder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 1/27/2000
DAYTIME PHONE #: 305 577-005