

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90088 026 ***150.00

DOCUMENT # P99000055622

1. Entity Name

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

Principal Place of Business

~~1 SE 3 AVE # 1920~~

~~MIAMI FL 33131-2816~~

Mailing Address

~~1 SE 3 AVE # 1920~~

~~MIAMI FL 33131-2816~~

2. Principal Place of Business

2 SOUTH BISCAYNE BLVD

Suite, Apt. #, etc.

3570

3. Mailing Address

2 SOUTH BISCAYNE BLVD

Suite, Apt. #, etc.

3570

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0938416

Applied For

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

KING, LAWRENCE J

~~1 SE 3 AVE # 1920~~

~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name

SAME

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

2 SOUTH BISCAYNE BLVD, #3570

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

Signature, typed or printed name of registered agent and title if applicable

LAWRENCE J. KING

(NOTE: Registered Agent signature required when reinstating)

1/24/02

DATE

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, 2002 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 **PVPS** ☐ Delete
NAME **KING, LAWRENCE J**
STREET ADDRESS ~~799 BRICKELL PLAZA, SUITE 700~~
CITY-ST-ZIP ~~MIAMI FL 33131-2816~~

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **2 SOUTH BISCAYNE BLVD, #3570**
STREET ADDRESS **MIAMI, FL 33131**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE J. KING 1/24/02 (305) 577-0057

Date

Daytime Phone #

CR2E034 (9/01)