

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90327 020 ***150.00

DOCUMENT # P990000088140

1. Entity Name

KING PIN STATION MANAGEMENT, INC.

Principal Place of Business

**19700 NW 3RD CT
 MIAMI FL 33169**

Mailing Address

**C/O R. FELDMAN, 300 SEVILLA
 SUITE 305
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

c/o R L Feldman, Esq.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8900 SW 107 Ave., Suite 203

City & State

City & State

Miami FL

4. FEI Number

65-1030658

Applied For

Not Applicable

Zip

Country

Zip

33176

Country

USA

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

**FELDMAN, ROBERT L
 300 SEVILLA AVE, SUITE 305
 CORAL GABLES FL 33134**

Name **FELDMAN, ROBERT L**

Street Address (Post Office Box Number is Not Acceptable)

Suite 203

City

Miami

FL

Zip Code **33176**

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.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DPST**
 STREET ADDRESS **WILSON, ROHAN**
 CITY-ST-ZIP **19700 NW 3RD CT**
MIAMI FL 33169

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

ROHAN WILSON 4-10-02

Date

Daytime Phone #

305-674-1044

CR2E034 (9/01)