

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 990000 93680

1. Entity Name

KINGCLAN USA CORP

Principal Place of Business

Mailing Address

1401 S. MILITARY TRAIL STE C

WEST PALM BEACH, FL 33415

2. Principal Place of Business

3. Mailing Address

1401 S MILITARY TRAIL

207 FOX TAIL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE C

9 G-3

City & State

WEST PALM BEACH, FL

City & State

GREENACRES, FL

4. FEI Number

65-1022168

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 NOV -9 PM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

NI ZUGEN

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

207 FOX TAIL DR 9 G-3

City

GREENACRES

FL

Zip Code

33415

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 registering)

DATE

10-31-01

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, 2001 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
PRESIDENT
NI ZUGEN
207 FOX TAIL DR STE C
GREENACRES, FL 33415

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ 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:

Signature, typed or printed name of signing officer or director

Date

Signature

10-31-01

CR2ED34 (11/00)