

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90155 025 ***158.75

DOCUMENT # S91584

1. Entity Name

KINGTOR, INC.



Principal Place of Business

**14860 SW 129 PL RD
MIAMI FL 33186**

Mailing Address

**14860 SW 129 PL RD
MIAMI FL 33186**

2. Principal Place of Business

18850 SW 240 ST

3. Mailing Address

18850 SW 240 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD

City & State

HOMESTEAD

Zip

33031

Country

MIAMI-DABE

Zip

33031

Country

**USA
MIAMI-DABE**

4. FEI Number

65-0317215

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

YAP-SAM, BERNARD

**14860 SW 129TH PLACE ROAD
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name

CHUI-MAN KUIN YAP-SAM

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

18850 SW 240 ST

City

HOMESTEAD

FL

Zip Code

33031

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Chui Man Kuin Yap Sam*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Delete
NAME **YAP-SAM, BERNARD**
STREET ADDRESS **14860 SW 129 PL RD**
CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ Delete
NAME **YAP, ANDREW**
STREET ADDRESS **14860 SW 129 PL RD**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PSD** ☐ Change ☒ Addition
NAME **YAP-SAM, CHUI MAN KUIN**
STREET ADDRESS **18850 SW 240 ST**
CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE **S** ☒ Change ☐ Addition
NAME **YAP, ANDREW**
STREET ADDRESS **15101 SW 159 ST**
CITY-ST-ZIP **MIAMI FL 33187**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 246-1135

CR2E034 (10/02)