

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90048 025 ***150.00

DOCUMENT # P96000013148

1. Entity Name
ORLANDO KINGDOM, INC.

Principal Place of Business
**2250 S.W. THIRD AVENUE
 FIFTH FLOOR
 MIAMI FL 33129**

Mailing Address
**2250 S.W. THIRD AVENUE
 FIFTH FLOOR
 MIAMI FL 33129**



2. Principal Place of Business

2801 Ponce de Leon Blvd.

3. Mailing Address

2801 Ponce de Leon Blvd.

Suite, Apt. #, etc.

650

Suite, Apt. #, etc.

650

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0664567

Applied For

Not Applicable

Zip
33134

Country
USA

Zip
33134

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEINTRAUB, ALBERT L ESQ.
 2250 S.W. THIRD AVENUE
 FIFTH FLOOR
 MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2801 Ponce de Leon Blvd. #650
 City **Coral Gables** FL Zip Code **33134**

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, type 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

TITLE
 NAME **PD GOLDBERG, STANLEY B** Delete
 STREET ADDRESS **11900 N. BAYSHORE DRIVE**
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE
 NAME **STD WIENTRAUB, ALBERT L** Delete
 STREET ADDRESS **2250 S.W. THIRD AVENUE, 5TH FLOOR**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS **2801 Ponce de Leon Blvd., #650**
 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)