


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91517 023 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000013148

1. Entity Name
ORLANDO KINGDOM, INC.



Principal Place of Business
 2801 PONCE DE LEON BLVD
 #650
 CORAL GABLES, FL 33134 US

Mailing Address
 2801 PONCE DE LEON BLVD
 #650
 CORAL GABLES, FL 33134 US

2. Principal Place of Business
150 Alhambra Circle
 Suite, Apt. #, etc.
Suite 1150
 City & State
Coral Gables, FL

3. Mailing Address
150 Alhambra Circle
 Suite, Apt. #, etc.
Suite 1150
 City & State
Coral Gables, FL

Zip Country
33134 USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0664567

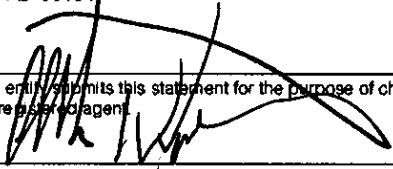
5. Certificate of Status Desired **\$8.75** Additional-Fee Required

6. Name and Address of Current Registered Agent
WEINTRAUB, ALBERT L ESQ.
2801 PONCE DE LEON BLVD
#650
CORAL GABLES, FL 33134

Applied For
 Not Applicable

7. Name and Address of New Registered Agent
 Name
ALBERT L. WEINTRAUB, ESO.
 Street Address (P.O. Box Number is Not Acceptable)
150 ALHAMBRA CIR. SUITE 1150
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4-24-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

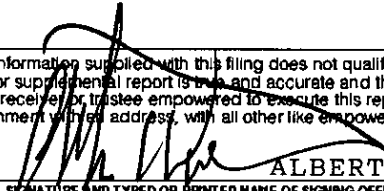
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PO	GOLDBERG, STANLEY B	11900 N. BAYSHORE DRIVE	NORTH MIAMI, FL 33181	<input type="checkbox"/>
STD	WIENTRAUB, ALBERT L	2801 PONCE DE LEON BLVD #650	CORAL GABLES, FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		150 ALHAMBRA CIR. SUITE 1150	CORAL GABLES, FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 my address, with all other like empowered.

SIGNATURE:  **ALBERT L. WEINTRAUB** DATE **4-24-03** DAYTIME PHONE # **(305) 490-3100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (10/02)