

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000383

1. Entity Name

CK COMMERCIAL, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90001 034 ***150.00

Principal Place of Business

Mailing Address

950 HERNDON PARKWAY
SUITE 200
HERNDON VA 20170
US

950 HERNDON PARKWAY
SUITE 200
HERNDON VA 20170-5537
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1736489**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GELLMAN, ROBERT
927 CLINT MOORE RD
BOCA RATON FL 33487

Name
Cynthia A. Tessier

Street Address (P.O. Box Number is Not Acceptable)
12016 NW 27 Drive

City
Coral Springs

FL Zip Code
33065

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 *Cynthia A. Tessier*
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, 2000 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
**PTD
KALLIVOKAS, CHRISTOPHER
950 HERNDON PARKWAY #200
HERNDON VA 20170** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
LEVY, BRUCE M
950 HERNDON PARKWAY, #200
HERNDON VA 20170** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KALLIVOKAS, SCOTT
950 HERNDON PARKWAY, #200
HERNDON VA 20170** ☐ Delete

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

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☐ 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

3/23/00
Date

703/742-6789
Daytime Phone #

CR2E034 (9/99)