

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G78025

1. Entity Name

A-LINE INVESTMENT CORP.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90053 036 \*\*\*158.75

Principal Place of Business

1774 CLYDESDALE DRIVE  
LOXAHATCHEE FL 33470-3914

Mailing Address

1774 CLYDESDALE DRIVE  
LOXAHATCHEE FL 33417-1927

2. Principal Place of Business

704 XANADU PL.

3. Mailing Address

704 XANADU PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, FL.

City & State

Jupiter, FL.

4. FEI Number

13-2690223

Applied For

Not Applicable

Zip

Country

33477

USA

Zip

Country

33477

USA

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

BERK, JACK M.  
1774 CLYDESDALE DRIVE  
LOXAHATCHEE FL 33470

Name

Berk, Jack M.

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

704 XANADU PLACE

City

Jupiter

FL

Zip Code

33477

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

Jack M. Berk

*Jack M. Berk*

3/8/2000

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	DP	<input type="checkbox"/> Delete
NAME	BERK, JACK M.	
STREET ADDRESS	1774 CLYDESDALE DRIVE	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BERK, CHRISTINE H.	
STREET ADDRESS	1774 CLYDESDALE DRIVE	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berk, Jack M.	
STREET ADDRESS	704 XANADU PLACE	
CITY-ST-ZIP	Jupiter, FL. 33477	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berk, Christine H.	
STREET ADDRESS	704 XANADU PLACE	
CITY-ST-ZIP	Jupiter, FL. 33477	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Jack M. Berk* Pres. Jack M. Berk

Date

3/8/2000

Daytime Phone #

561  
352 4887

CR2E034 (9/99)