

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000007945**

1. Entity Name
ALFA N & K, L.L.C.

FILED

01 JUN 11 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4500 N. HIATUS ROAD #205
SUNRISE FL 33351**

Mailing Address
**4500 N. HIATUS ROAD #205
SUNRISE FL 33351**



DO NOT WRITE IN THIS SPACE

ALJK

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-1024572		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COHN, SCOTT E ESQ. COHN & MONIQUIS, P.A. 315 S.E. 7TH STREET, SECOND FLOOR FT. LAUDERDALE FL 33301				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

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.

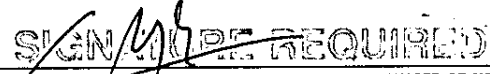
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **APRIL 23 2001**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGR HARIOUK, ALAIN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4500 N. HIATUS ROAD #205		NAME		
STREET ADDRESS	SUNRISE FL 33351		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	MGR REYNAUD, CHRISTIAN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4500 N. HIATUS ROAD #205		NAME		
STREET ADDRESS	SUNRISE FL 33351		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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*****50.00 *****50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **APRIL 23/2001** DAYTIME PHONE # **954-5724758**

CR2E083 (11/00)

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