

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000007945**

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

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1024572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHN, SCOTT E ESQ.  
COHN & MONIOUDIS, 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

Signature typed or printed name of registered agent and title if applicable.

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HARIOUK, ALAIN  
4500 N. HIATUS ROAD #205  
SUNRISE FL 33351** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
REYNAUD, CHRISTIAN  
4500 N. HIATUS ROAD #205  
SUNRISE FL 33351** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**200004429842-3  
-05/19/01--01064--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00** ☐ Change ☐ Addition

TITLE  
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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**

**APRIL 23/2001 954-5724758**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

0013180 AF

FILED  
01 JUN 11 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**MLH**