

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90282 047 ***150.00

DOCUMENT # P00000002175

1. Entity Name
ALAN, SEAN & KOULE, INC.



Principal Place of Business
**1468 N.W. 23RD AVENUE
FORT LAUDERDALE, FL 33311**

Mailing Address
**1468 N.W. 23RD AVENUE
FORT LAUDERDALE, FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0971598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARON, RICHARD ESQ.
11077 BISCAYNE BLVD
307
MIAMI, FL 33161**

7. Name and Address of New Registered Agent

Name **Baron and Associates**
Street Address (P.O. Box Number is Not Acceptable)
501 NE 1st Avenue
Suite 201
City **Miami** FL **33132**

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

Alan McKenna / President

04/22/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MCKENNA, ALAN**
STREET ADDRESS **1468 N.W. 23RD AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE **S** ☒ Delete
NAME **SEAN, HODGSON**
STREET ADDRESS **1468 N.W. 23RD AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE **T** ☐ Delete
NAME **LYRAS, KOULA**
STREET ADDRESS **1468 N.W. 23RD AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **461 NE 27th St**
CITY-ST-ZIP **Pompano Beach, FL 33064-5431**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an address, with all other like empowered.

SIGNATURE:

Alan McKenna / President

04/22/03

954 7833400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)