

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90101 029 ***150.00

DOCUMENT # P000000013089 ✓

1. Entity Name

AlKing

DO NOT WRITE IN THIS SPACE

763372

2. Principal Place of Business

3724 N.E. 18 Ter

3. Mailing Address

3724 N.E. 18 Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pompano Bch. FL

City & State

Pompano Bch FL

4. FEI Number

65-1019248

Applied For

Not Applicable

Zip

33064

Country

Broward

Zip

33064

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Lettman Robert D.

Street Address (P.O. Box Number is Not Acceptable) 8010 N. University Dr

City Ft. Lauderdale FL, FL Zip Code 33321

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE President
NAME Clinton Rhoades
STREET ADDRESS 8937 N.W. 45 Ct
CITY-ST-ZIP Coral Springs, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice Pres.
NAME Guy W. Rhoades
STREET ADDRESS 4632 N.W. 92 Ter
CITY-ST-ZIP Coral Springs, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other filers empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

454-941
CM89

Daytime Phone #

CR2E034B (12/01)