

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90099 041 ***150.00

0134047

DOCUMENT # P00000017221

1. Entity Name

C & K VALET, INC.

Principal Place of Business

1316 AVON LANE APT #734
N LAUDERDALE FL 33068

Mailing Address

1316 AVON LANE APT #734
N LAUDERDALE FL 33068

2. Principal Place of Business

2112 CYPRESS BEND DR South

3. Mailing Address

2112 CYPRESS BEND DR South

Suite, Apt., #, etc.

404

Suite, Apt., #, etc.

404

City & State

POMPANO BEACH - FL

City & State

POMPANO BEACH - FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-0980203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTA, JOSE

1316 AVON LANE APT #734
N LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

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

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, 2001 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

TITLE ☐ Delete
NAME D
STREET ADDRESS COSTA, JOSE
CITY-ST-ZIP 1316 AVON LANE APT #734
N LAUDERDALE FL 33068

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME costa, jose
STREET ADDRESS 2112 CYPRESS BEND DR South #404
CITY-ST-ZIP POMPANO BEACH - FL - 33069

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ 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

04-16-02 (954) 6054812

Date Daytime Phone #

CR2E034 (10/00)