

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078861

1. Entity Name  
A KAY ENTERPRISES, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
04-25-2001 90172 002 \*\*\*158.75

Principal Place of Business  
9503 BOCA COVE CIRCLE #605  
BOCA RATON FL 33428-7750

Mailing Address  
9503 BOCA COVE CIRCLE #605  
BOCA RATON FL 33428-7750

*A-KAY ENTERPRISE*  
*ALYSE DEMARIA*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*9 ALYSE DEMARIA*  
Suite, Apt. #, etc.  
*9177D SW 22ST*  
City & State  
*BOCA RATON FL*

3. Mailing Address  
*9177D SW 22ST*  
Suite, Apt. #, etc.  
*BOCA RATON FL*  
City & State  
*33428 USA*

Zip  
*33428* Country  
*USA*

4. FEI Number  
*605-1034377*

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
  
DEMARIA, ALYSE  
9503 BOCA COVE CIRCLE #605  
BOCA RATON FL 33428-7750

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 *Alyse Demaria*  
Signature, typed or printed name of registered agent and date 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DEMARIA, ALYSE 9503 BOCA COVE CIRCLE #605 BOCA RATON FL 33428-7750 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Demaria, Alyse</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>9177D SW 22ST</i> <i>BOCA RATON FL 33428</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alyse Demaria* *ALYSE DEMARIA* *4-13-01* *1-954-501-8989*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)