

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90147 014 \*\*\*150.00

**DOCUMENT # P00000093567**

1. Entity Name

**C & K DISTRIBUTOR, INC.**

Principal Place of Business

**5618 TERN COURT  
TAMPA FL 33625**

Mailing Address

**5618 TERN COURT  
TAMPA FL 33625**

2. Principal Place of Business

**5618 TERN CT**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

Zip

**33625**

Country

**U-SA**

Zip

Country

4. FEI Number

**593672583**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALAGHA, SALIM  
5618 TERN COURT  
TAMPA FL 33625**

7. Name and Address of New Registered Agent

Name **ALAGHA, JOE**

Street Address (P.O. Box Number is Not Acceptable)

**5618 TERN CT**

City **TAMPA**

**FL**

Zip Code **33625**

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]*

**JOE ALAGHA PRESIDENT**

**9-10-01**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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>PRESIDENT ALAGHA, JOE SALIM D. 5618 TERN CT TAMPA FL 33625</b>	<input checked="" 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>PRESIDENT JOE ALAGHA 5618 TERN CT TAMPA FL 33625</b>	<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
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

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-10-01**

Date

**(813) 784-5004**

Daytime Phone #

CR2E034 (5/01)

Attachment

C & K DISTRIBUTOR INC.  
5618 TERN CT.  
TAMPA FL 33625

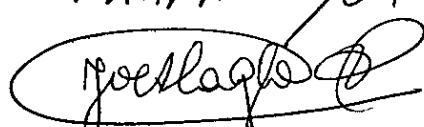
Doc. # P00000093567  
B00065537

To Whom it MAY CONCERN:

ON APRIL 27, 2001, WE SEND MONEY ORDER  
FOR THE RENEWAL OF THE CORPORATION, BUT LAST  
MONTH WE RECEIVED NEW FORM IT SHOWED  
THAT DIDN'T PAY IT.

AFTER I SPOKE TO PESLIE TODAY (9-10-01)  
SHE TOLD ME TO SEND NEW MONEY ORDER OR  
CHECK FOR THE AMOUNT OF \$ 150.00.

IF YOU HAVE ANY QUESTION, PLEASE  
CALL ME AT (813) - 784-5004

THANK YOU  
  
President