

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090479

1. Entity Name

ALLEN KEE PHOTOGRAPHIC, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90079 034 ***150.00

Principal Place of Business

171 BAYRIDGE LANE
FT. LAUDERDALE FL 33326
US

Mailing Address

171 BAYRIDGE LANE
APT. #303
FT. LAUDERDALE FL 33326-3527
US

2. Principal Place of Business

1521 ALTON ROAD

Suite, Apt. #, etc.

367

City & State
MIAMI BEACH FL

Zip
33139

Country
USA

3. Mailing Address

1521 ALTON ROAD

Suite, Apt. #, etc.

367

City & State
MIAMI BEACH, FL

Zip
33139

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0551564

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEE, ALLEN
171 BAYRIDGE LANE
FT. LAUDERDALE FL 33326

Name
ALLEN KEE

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

1521 ALTON ROAD
367

City
MIAMI BEACH

FL

Zip Code
33139

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

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

(NOTE: Registered Agent signature required when reinstating)

1/11/00
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALLEN, KEE
171 BAYRIDGE LANE
FT. LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1521 ALTON ROAD - # 367
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Allen Kee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALLEN KEE

1/11/00 305 695 1775
Date Daytime Phone #

CR2E034 (9/99)