

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028041

1. Entity Name

IKE & ALE, INC.

Principal Place of Business

608 LAKE AVE.
LAKE WORTH FL 33480

Mailing Address

4068-3 FOREST HILL BLVD.
WEST PALM BEACH FL 33406-5730

2. Principal Place of Business

3. Mailing Address

1776 LAKE WORTH ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#200

City & State

City & State
LAKE WORTH, FL

4. FEI Number

65-0825031

Applied For

Not Applicable

Zip

Country

Zip

Country

33460-3692

USA

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

BRISSON, DALE
4068-3 FOREST HILL BLVD.
WEST PALM BEACH FL 33406

Name

OSCAR ZIMMERMAN

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

4401 SANCTUARY LANE

City

BOCA RATON

FL

Zip Code

33431-5209

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, 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 PD ☐ Delete
NAME BRISSON, DALE
STREET ADDRESS 4068-3 FOREST HILL BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE PD ☒ Change ☐ Addition
NAME ZIMMERMAN, OSCAR
STREET ADDRESS 4401 SANCTUARY LANE
CITY-ST-ZIP BOCA RATON, FL 33431-5209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)