

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90032 006 ***150.00

DOCUMENT # P98000061406

1. Entity Name

ALKACE, INC.

Principal Place of Business

**THERREL BAISDEN, P.A.
 ONE S.E. 3RD AVENUE #2400
 MIAMI FL 33131**

Mailing Address

**THERREL BAISDEN, P.A.
 ONE S.E. 3RD AVENUE #2400
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0870647**

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

**ROSE, ELLEN ESQ
 THERREL BAISDEN, P.A.
 ONE S.E. 3RD AVENUE #2400
 MIAMI FL 33131**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, CECILE	NAME	
STREET ADDRESS	405 SAN MARINO DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSY, ALEXA	NAME	
STREET ADDRESS	900 BAY DRIVE #927	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, KAYE	NAME	
STREET ADDRESS	261 SLEEPY HOLLOW ROAD	STREET ADDRESS	
CITY-ST-ZIP	BURNSVILLE NC	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #

Cecile Weiss

CECILE WEISS

1/26/01

**305
 532-2216**

CR2E034 (10/00)