

AMENDED ANNUAL REPORT
2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
 AND
 FILED

00 JUL 19 AM 9:37

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000067319

1. Entity Name

SLAK OF FT. LAUDERDALE, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1951 N.W. 9th AVE

3. Mailing Address

1951 N.W. 9th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0853996

Applied For

Not Applicable

Zip

33311

Country

BROWARD

Zip

33311

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TERMINELLO LOUIS J. ESQ.
 TERMINELLO & TERMINELLO P.A.
 2700 S.W. 37 AVE.
 MIAMI, FLORIDA 33133

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

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

TITLE ☒ Delete
 NAME SUSAN S. LEVENBERG
 STREET ADDRESS 1951 N.W. 9th AVE
 CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS ALAN S. KACHIN
 CITY-ST-ZIP 1951 N.W. 9th AVE
 FT. LAUDERDALE, FL. 33311

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **700003335037--5**
 CITY-ST-ZIP **-07/25/00--01049--018**
*******61.25 *****61.25**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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

07/11/00 (954) 462-7224

Date

Daytime Phone