

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90350 032 ***150.00

DOCUMENT # **P98000067319**

1. Entity Name

SLAK OF FT LAUDERDALE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1951 NW 9TH AVE

3. Mailing Address

517 NW 21 ST ST

DO NOT WRITE IN THIS SPACE

City & State
FT LAUDERDALE FL

City & State
WILTON MANORS FL

4. FEI Number
650853996

Applied For
Not Applicable

Zip
33311

Country
USA

Zip
33311

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
LOUIS J TARMINOLO BSO

Street Address (P.O. Box Number is Not Acceptable)
2100 SW 37TH AVE

City
MIAMI

FL Zip Code
33133

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
ALAN S KACHIN
517 NW 21ST ST

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILTON MANORS FL 33311

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 9545636981

Date

Daytime Phone #

CR2E034B (12/01)