

2002 UNIFORM BUSINESS REPORT (UBR)

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

08-14-2002 90027 019 ***150.00

DOCUMENT # P99000003831

1. Entity Name
ALMEKS USA, INC.

Principal Place of Business

**1200 N. FEDERAL HWY
 HOLLYWOOD FL 33020**

Mailing Address

**1200 N. FEDERAL HWY
 HOLLYWOOD FL 33020**

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

65-0890245

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

**KADIMOV, ALI
 17555 COLLINS AVENUE #1201
 SUNNY ISLES FL 33160**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 ☐ Delete
 NAME **PVST KADIMOV, ALI**
 STREET ADDRESS **17555 COLLINS AVENUE #1201**
 CITY-ST-ZIP **MIAMI BEACH FL 33160**

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

TITLE ☐ Delete
 NAME **D KADIMOV, ALI**
 STREET ADDRESS **17555 COLLINS AVENUE #1201**
 CITY-ST-ZIP **MIAMI BEACH FL 33160**

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

TITLE ☐ Delete
 NAME
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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 reports 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Accounting Office
KIM MARKS, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANT
11900 Biscayne Boulevard - Suite 290
North Miami, Florida 33181-2726

Attachment
ID# 1990003831

Toll Free USA: 888-895-5815
Internet: KimCPA@ix.netcom.com

Tel: (305) 895-5815
Fax: (305) 895-6273

Date: August 12, 2002

Department of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: ALMEKS USA, INC.
EIN# 65-0890245

Dear Sir/Madam,

We are writing this letter to let you know that original Uniform Business Report was never received by the above mentioned company. Only second notice came to our attention on August 2nd, 2002.

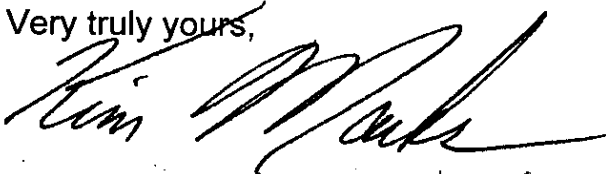
We are requesting an abatement of the penalty.

Enclosed please find signed UBR and a check for \$150.00.

Please abate all penalties that might have accrued.

Thanking you in advance for your kind and prompt attention in this matter, I remain.

Very truly yours,



Kim Marks, CPA