

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053705

1. Entity Name

AIKEN INTERNATIONAL, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90083 014 ***150.00

Principal Place of Business

Mailing Address

1037 WASHINGTON STREET
HOLLYWOOD FL 33019

1037 WASHINGTON STREET
HOLLYWOOD FL 33019-1923

629437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20423 STATE ROAD 7

20423 STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F6-339

F6-339

City & State

City & State

Boca Raton FL

Boca Raton FL

4. FEI Number

65-0926475

Applied For

Not Applicable

Zip

Country

Zip

Country

33498

USA

33498

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

BULHACK, KENNETH F
1037 WASHINGTON STREET
HOLLYWOOD FL 33019

Name KENNETH F. BULHACK

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

9868 ORANGE PARK TRAIL

City

Boca Raton

FL

Zip Code

33428

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 ☐ Delete
NAME PTSD
STREET ADDRESS BULHACK, KENNETH F
CITY-ST-ZIP 1037 WASHINGTON STREET
HOLLYWOOD FL 33019

(ADDRESS
CHANGE
ONLY) →

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9868 ORANGE PARK TRAIL
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3. 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

561 883 0689

Daytime Phone #

CR2E034 (9/99)