

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90009 015 ***150.00

DOCUMENT # P99000066678

1. Entity Name
LKT & ASSOCIATES, INC.

Principal Place of Business

3299 CLINT MOORE ROAD
#107
BOCA RATON FL 33496

Mailing Address

3299 CLINT MOORE ROAD
#107
BOCA RATON FL 33496

2. Principal Place of Business

3377 NW 25th Terr

3. Mailing Address

3377 NW 25th Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33434

Country

USA

Zip

33434

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0940381

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

BASSIN, LAURIE K
3299 CLINT MOORE ROAD
#107
BOCA RATON FL 33496

Name

BASSIN Laurie K

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

3377 NW 25th Terr

City

Boca Raton

FL

Zip Code

33434

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

Laurie K Bassin - Jaylen Lata - Laurie K Bassin 3/10/01

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

TITLE D ☐ Delete
NAME BASSIN, LAURIE K
STREET ADDRESS 3299 CLINT MOORE ROAD, #107
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☒ Change ☐ Addition
NAME BASSIN, LAURIE K
STREET ADDRESS 3377 NW 25th Terr
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Laurie K Bassin - Jaylen Lata - Laurie K Bassin 3/10/01 561-218-3165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)