

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90024 017 \*\*\*550.00

**DOCUMENT # P98000061406**

1. Entity Name  
**ALKACE, INC.**

Principal Place of Business  
**THERREL BAISDEN, P.A.**  
**ONE S.E. 3RD AVENUE #2400**  
**MIAMI FL 33131**

Mailing Address  
**THERREL BAISDEN, P.A.**  
**ONE S.E. 3RD AVENUE #2400**  
**MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0870647**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**ROSE, ELLEN ESQ**  
**THERREL BAISDEN, P.A.**  
**ONE S.E. 3RD AVENUE #2400**  
**MIAMI FL 33131**

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 \_\_\_\_\_ (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, 2000 Min. 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 **D WEISS, CECILE**  
 STREET ADDRESS **405 SAN MARINO DRIVE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D ROSSY, ALEXA**  
 STREET ADDRESS **900 BAY DRIVE #927**  
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HARRIS, KAYE**  
 STREET ADDRESS **261 SLEEPY HOLLOW ROAD**  
 CITY-ST-ZIP **BURNSVILLE NC**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 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: *Cecile Weiss*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00  
 Date

828-682-2237  
 Daytime Phone #