NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

706311

DOCUMENT #

FILED Mar 10, 2002 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE					71458			
11948 N.W. 11th Court 11		3. Mailing Address 11948 N.W. 1 Suite, Apt. #, etc.	1948 N.W. 11th Court		<u>.</u> .∙ D0) NOT WRITE IN THIS SF	PACE	
Coral Springs, Fl. Cor			oral Springs, Fl.		4. FEI Number 59–1695709		Applied For Not Applicable	
Zip Country Zip 33071 USA Zip 3		^{Zip} 33071	Country USA	.]	5. Certificate of Status Desired X \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent			
			Name	····	ssi, Pau	,	Agent	
·	DO-NOT-WR	Street A	=Street Address (P.O. Box Number is Not Acceptable)					
	IN THIS SPA	11948 N.W. 11th Court						
		City C	City Coral Springs, FL 33071					
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 .	Paul Alessi Jr. Signature, typed or printed name of registered agent and to	tte il applicable. (NOTE: Ri	egistered Agent signatu	are required when re	instating)	DATE		
FEE IS \$61.25 9. Election Campa Initial or Amended UBR Trust Fund Cont					\$5.00 May Be Added to Fees Make Check Payable to Department of State			
10.	OFFICERS AND DIREC	TORS	•					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Alessi, Mark P. 151 S.W. 134 Way # Pembroke Pines, Fl	201 N . 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Wanda Duncan Alessi 11948 NW 11 Court Coral Springs, Fl. 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME	PD Alessi, Paul Jr. 11948 NW 11 Court Coral Springs, Fl.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ý ====================================	-DO-N	OT-WRIT	E		
TITLE NAME Street Address City-St-Zip	VP Alessi, John 10304 SW. 87th Cour Miami, Fl. 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	j		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ų,				

12. Thereby 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 veport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURÉ:

954-346-8700