5/28

FILED Jul 08, 2002 8:00 am Secretary of State

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUN 1. Entity Name ALLIANCE,		0008273		$\checkmark$			-2002 916	-	***150.00	
Principal Place of Business 9400 SOUTH DADELAND BLVD. PENTHOUSE 5 MIAM) FL 33156		Mailing Address 9400 SOUTH DADELAND BLVD. PENTHOUSE 5 MIAMI FL 33156								
2. Principal Place of Business		3. Mailing Address		1 10 61 (90)	211 Main marti adure nac.	) <b>66</b> 111 48131 48-1	jj 141j <b>a 116</b> 70 va			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			·	DO NOT WRIT	E IN THIS SP	ACE	_	
City & State		City & State			4. FEI Number	APPLIED FO	OR	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		8.75 Addi se Required		-
		1	<del></del>	-	7. Name and A	ddress of New R	egistered Ag	ent		
	6. Name and Address of Current	Registered Agent	. Name		7-7-7					
	KENNETH F				(P.O. Box Number	is Not Acceptable	)			
9350 SOU	TH DIXIE HIGHWAY		-						,	
SUITE 155		,			<u> </u>	<u> </u>		Zip Code	<del></del> -	
MIAMI FL			'	FL						
8. The above	named entity submits this statement fo	the purpose of changing it	s registered office	or register	red agent, or both	i, in the State of Fic	orida.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent sig	nature required	d when reinstating)		DATE			i
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FI After May 1, 2002 F Make Chack Payable to			002 Fee will be	\$550.00	Trus	ition Campaign Fir it Fund Contributio	n. 🗆	Added	May Be to Fees	1
	OFFICERS AND		12.		ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTORS	SIN 11	_
11.	D OFFICERS AND	☐ Delete	TITLE					Change	Addition	<u>5</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUANI, A. LUCINDA 9400 S. DADELAND BLVD. PH5 MIAMI FL 33156-2844		NAME STREET ADORES CITY-ST-ZIP	ss	· · · · · ·					CR2E034 (9/01)
TITLE		☐ Delete	TITLE	•				Change	Addition	ပ
NAME		•	NAME							i
STREET ADDRESS			STREET ADORES	<b>"</b>		•				
TITLE		□:Delete	TITLE		• •		÷·	☐ Change	Addition	
NAME STREET ADDRESS			STREET ADDRE	55-					<del></del>	
CITY-ST-ZIP	İ		CITY-ST-ZIP						- Lance	1
TITLE		☐ Delete	TITLE					☐ Change	Addition	1
NAME	1		NAME							
STREET ADDRESS	İ.		STREET ADDRE	SS						l
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP	<del>-  </del>				☐ Change	Addition	1
TITLE	••	☐ Delete	TITLE NAME						_	
NAME			STREET ADDRÉ	:55						
STREET ADDRESS			CITY-ST-ZIP							
C!TY-ST-ZIP			TITLE					Change	Addition	}
TITLE		☐ Delete	NAME	İ						1
NAME			STREET ADDRE	ess						1
STREET ADORESS			CITY-ST-ZIP	1						1
CITY-ST-ZIP	certify that the information supplied will	th this filing does not qualify		stated in S	Section 119.07(3)(	i), Florida Statutes	I further cert	ify that the i	information	
13. I hereby indicate	certify that the information supplied will d on this report or supplemental report proporation or the receiver or trustee am d, or on an attachment with an address	is true and accurate and the	at my signature sha	all have the Chapter 60	e same legal effec 07, Florida Statute	it as if made under is; and that my nar	oatri; that I a ne appears ir	n an onicer i Block 11 o	r Block 12 if	
of the co	proporation or the receiper or trustee amind, or on an attachment with ap address	with all other like of power	ed)	J. J. J. J.						1
	( he was to	MANA SALVER	/aen		•	511120	272			1
SIGNA	TURE: WINDE					Dela N	D.	aytime Phone #		1



Attachment

37955

## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June 4, 2002

ALLIANCE, INC. 9400 SOUTH DADELAND BLVD. PENTHOUSE 5 MIAMI, FL 33156

Subject: ALLIANCE, INC.

Reference Number:

P00000008273

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/DS
ANNUAL REPORTS SECTION

MODE = MEMORY TRANSMISSION

START=JUN-19 17:13

END=JUN-19 17:15

FILE NO.=259

STN NO. COMM. ABBR NO.

STATION NAME/TEL NO.

PAGES DURATION

001

nu s

101686816314478960

002/002 00:01:14

-LAW OFFICES

\*\*\*\*\*\*\*\*\*\*\*\*\*

- 44444 -

305 670 2048- \*\*\*\*\*\*

,		
Form \$5	· · · · · · · · · · · · · · · · · · ·	mber
(Rev. Decer	(For use by employers, corporations, partnerships, trusts, estates, cl government agencies, Indian tribal entities, certain individuals, and	nurches, EIN
Department of Internal Rever		
	ng) name of cntity (or individual) for whom the EIN is being requested	records.
≥ 2 T	Trade name of business (if different from name on line 1) 3 Executor, trustee, "care of"	
<u> </u>		name
Ĕ L	15th 2 baseland 15th 175	Do not anter a P.O. box.)
5	Male and 2 Gode Toda 33156 56 City, state, and ZIP code	
<u>                                   </u>	dunity and state owner epinoipal pusiness is lacored	
78 N	lame of principal officer, general partner, grantor, owner, or trustor 7b .SSN, UN, or EIN	1436
Ba Type	of entity (check only one box)   Estate (SSN of dec	edent
. 🛄 so	ole proprietor (SSN)	
	artnership Trust (SSN of grant	
	orporation (enter form Humber to be filed)	State/local government
	ersonal service corp.   Farmors' cooperative hurch or church-controlled organization   REMIC	Federal government/military
□ Ot	ther nonprolit organization (specify)  Group Exemption Num	Indian tribal governments/enterprises
L] Ot	ther (specify) >	
8b Ifaci (ifapp	orporation, name the state or foreign country State Figure 1.00   Figure	oreign country
	on for applying (check only one box)   Banking purpose (specify purpose)	<b>&gt;</b>
⊠Sia	afted new business (specify type) >	
_6	Purchased going business	
Hit	red employees (Check the box and see line 12.) ☐ Created a trust (specify type) ▶ _	
	empliance with IRS withholding regulations Created a perision plan (specify typ	e) >
		h of accounting year
. 0	June Zooz	nember
12 First o	date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a w	Implifing agent, enter date income will
13 Highe:	ne paid to normesident alien. (month, dsy, year).  Ist number of employees expected in the next 12 months. Note: If the applicant does not   A	gricultural Household Other
expec	t to have any employees during the period, enter *-0* ,	0 0 0
4 Check	onstruction Rental & leasing Transportation & warehousing Accommodation & food ser	inco :
L Re	eal estate Manufacturing Finance & insurance Other (specify)	
5 Indicat	te princip) tine of merchandisa solor specific construction work done; products produced; or	services provided.
6a Has th	ne applicant ever applied for an employer identification number for this or any other business?  If "Yes," please complete lines 166 and 16c.	Yes No
6b lfyou∢ Legalr	checked "Yes" on line 16a. give applicant's legal name and trade name shown on prior applica Trade name ►	ation if different from line 1 or 2 above.
6с Арргох	ximate date when, and city and state where, the application was filed. Enter previous employe	er identification number if known.
Approxi	imate data when filed (mo., clay, year) City and state where filed	Previous EIN
	Complete this Action petry if you want to authorize the named individual to receive the entity's EIN and answer que:	stions about the completion of this form.
Third	Designers name	Designee's telephone number (include area code)
Party Designed	-S-JOHN C CLLYVORT	( )
Dosignee	Address and ZIP code	Designee's lax number (include area code)
nder penalties of	porjury. I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and comple	
		Applicant's telephone numbur (include area codu)
lame and title	hypoter paint clearly) > SON ( CUNTAM	(305)670-8200
	20)/	Applicant's fax number (include area code)
ignature 🕨	Date > Notice	16 10-50-4X
or Privacy	Act and Engrwork Reduction Act Notice, see separate instructions. Call No. 1605	5N Form SS-4 (Rev. 12-2001)