

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90015 040 ***150.00

DOCUMENT # P00000028317

1. Entity Name
ALYMA CORP.



Principal Place of Business Mailing Address
14554 S.W. 94 LANE MIAMI FL 33186 **12260 SW. 8th St MIAMI FL 33186**
Miami, FL 33184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **12260 SW. 8th ST** Suite, Apt. #, etc. **Suite. 103**
 City & State **Miami, FL**

3. Mailing Address **12260 SW. 8th ST** Suite, Apt. #, etc. **Suite 103**
 City & State **Miami, FL**

4. FEI Number **65-0991275** Applied For Not Applicable

Zip **33184** Country **U.S.A.** Zip **33184** Country **U.S.A.**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LANZA, ALEX R
14554 S.W. 94 LANE
MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name **Alex R. Lanza**
 Street Address (P.O. Box Number is Not Acceptable)
14554 SW. 94 Ln
 City **Miami** **FL** Zip Code **33186**

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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS LANZA, ALEX R 14554 S.W. 94 LANE MIAMI FL 33186 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 filings empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-29-02** Date Daytime Phone #

CR2E034 (9/01)