

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90276 006 ***150.00

DOCUMENT # P00000104729

1. Entity Name
ALEZONES STUDIO, INC.



Principal Place of Business

**14401 N. KENDALL DR. N408
MIAMI FL 33186**

Mailing Address

**14401 N. KENDALL DR. N408
MIAMI FL 33186**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

8897 FONTAINEBLEAU BLVD

3. Mailing Address

8897 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

#412

Suite, Apt. #, etc.

#412

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1053805

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ALEZONES, ISAIAS J

14401 N. KENDALL DR. N408

MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **ISAIAS J. ALEZONES**

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

8897 FONTAINEBLEAU BLVD, #412

City **MIAMI**

FL

Zip Code

33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTSD** ☐ Delete
NAME **ALEZONES, ISAIAS J**
STREET ADDRESS **14401 N. KENDALL DR. N408**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VPD** ☐ Delete
NAME **CARDENAS, ISADORA**
STREET ADDRESS **14401 N. KENDALL DR. N408**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8897 FONTAINEBLEAU BLVD, #412**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☒ Change ☐ Addition
NAME **ALEZONES, ISADORA R.**
STREET ADDRESS **8897 FONTAINEBLEAU BLVD, #412**
CITY-ST-ZIP **MIAMI, FL 33172**

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ISAIAS J. ALEZONES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/14/03** (305) 221-5699

CR2E034 (10/02)