

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 06, 2003 8:00 am Secretary of State

DOCUMENT # P00000110291  1. Entity Name ALF HOLDINGS, INC.								05-06-2003			.50.00	
Principal Place of Business Mailing Address P0 80X 814833 P0 80X 814833 H0LLYW00D, FL 33081-4833 H0LLYW00D, FL 33081-483						11	<b>8 8</b> 22 <b>8 8</b> 11 111 1		3096'		ISIRI Res sãos	
Principal Place of Business     3. Mailing Address												
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	FEI Numbe	65-1068065		<u> </u>	<del></del>	
Zip	Country		Zip	Cour		y 5. Certif		of Status Desired				
	and Address of Current I	Name	7. 1	Vame and	Address of New Re	gistered Ag	ent					
GINSPARG 11190 BISC	AYNE BLV	Country  Zip  Country  5. Certificate of Status Desired \$8.75 Additional Fee Required  To Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Total Statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept instered agent.  Will FEE Is \$150.00  Q03 Fee will be \$550.00  Trust Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
NORTH TOWER NO MIAMI, FL 33181												
					City				FL	Zip Code	•	
			the purpose of changing	its register	red office or regis	stered ag	ent, or bot	n, in the State of Flori	da. I am far	miliar with,	and accept	
SIGNATURE .	Fig. 100 August	La minata and a Continue of more	A defendance is all the	OTE Do do los	ad Asparation at the Asparation and Asparation at the Asparation a		nimetra di sal		CATE		Addition  Addition  Addition  Information  I	
	MARIAN TOTAL	Market State of the Control of the C	and the table some	OIE HUGS BIE	au Agantsignature requ	BIEC MIEN I	Instanting)					
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State												
10.		OFFICERS AND				AC	DITIONS/	CHANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-2IP	3737 WES	ES, MORRIS I BT ARTHUR AVENUE WOOD, IL 60612	∟ Delete	NAM Str					L	_  Change	∐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-2IP	3737 WES	ES, PHILIP ST ARTHUR AVENUE WOOD, IL 60612	☐ Delete				:		[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	☐ Delete		1				Г	Change	Addition	
TITLE NAME		<del></del>	Delete			. 4.2			[	Change	Addition	
STREET ADDRESS City-St-Zip	j			9	EET ADDRESS (-ST-ZIP		!					
TITLE NAME STREET ADDRESS CITY-ST-ZP			□ Delete	\$					[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Delete	6			<del></del>		[	] Change	Addition	
Indicated of the cor	on this repor poration or ti	e information supplied with it or supplemental report is ne receiver or trustee empo achment with an address, v	true and accurate and tha wered to execute this repo	at my signa ort as requi	iture shall have ti	he same	legal effect	as if made under oa	th; that I am	an officer	or director	