

FILED
Aug 04, 2002 8:00 am
Secretary of State

07-16-2002 90364 011 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000116179

1. Entity Name
ALONSO & SHECKELS CORPORATION

Principal Place of Business Mailing Address

15521 MORNING DRIVE 15521 MORNING DRIVE
LUTZ FL 33559 LUTZ FL 33559

40490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

71-0864594 Not Applicable

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

6. Name and Address of Current Registered Agent

ALONSO, ANA R
15521 MORNING DRIVE
LUTZ FL 33559

7. Name and Address of New Registered Agent

Name _____

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

City _____ FL Zip Code _____

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 _____ (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. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	DPT ALONSO, ANA R 15521 MORNING DRIVE LUTZ FL 33559	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SHECKELS, MARIA D 3114 MCFARLAND RD TAMPA FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	Vice-President DIEGO LOZANO 3114 McFarland Rd. Tampa, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasure RAFAEL E. ALONSO 15413 Morning Dr. Lutz FL 33559	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary MARIA D. SHECKELS 3114 McFarland Rd. Tampa, FL 33618	<input checked="" 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
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 like empowered.

SIGNATURE: SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/02/02 (813) 910.8064
Date Daytime Phone #

CR2E034 (4/02)

Attachment
DOC# P01000116179 / 40496

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
Tallahassee, Florida 32314



Re.: 2002 UNIFORM BUSINESS REPORT

Dear Sirs:

This is to inform that on date June 29 I have received the 2002 Uniform Business Report for ALONSO & SHECKELS CORPORATION. P01000116179
This is the first notice received by me at this address.

The corporation was opened recently. Following the instructions I was given by phone, as stated in (8), we kindly request the waiving of the late fee.
Enclosed is a check for the amount of US\$150.00.
Thanking you in advance for your consideration.

A handwritten signature in cursive script that reads "Ana Alonso".

Ana R. Alonso
15521 Morning Drive
Lutz, Florida 33559
Agent.