2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

MIAMI BCH FL 33139

SUSAN H. APRILL. P.A.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91180 043 ***150.00

DOCUMENT #	PU2000055685
1. Entity Name	
ALIA	



3. Mailing Address
2 So. Brscayne Blvd. 2. Principal Place of Business
2. So. 6: *Cayne Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc.

MIAMI BCH FL 33139

CHECK HERE IF MAKING CHANGES Suite 2600 Suite 2600 City & State City & State 4. FEI Number Applied For 02-0608331 Miami Miami Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired **ÚS**A 33131 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent APRILL, SUSAN H 1800 SUNSET HARBOUR DR #2401 MIAMI BCH FL 33139 4 5A COLONUT Grove 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. SUSAN H. APRILL . PRESIDENT 4-18-03 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE. TITLE President Change ☐ Delete NAME NAME Sisan H. Aprill 2575 S. Bayshore Dr. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

NAME

NAME

☐ Delete

☐ Delete

USUSANDH. APRILL, PRESDENT 4-18-03 (305) 373-1911

Change

☐ Addition

☐ Addition