

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90038 041 ***150.00

DOCUMENT # P96000013480

1. Entity Name
ALM MACHINE, INC.

Principal Place of Business Mailing Address
~~14032 SW 140 ST.~~ ~~14032 SW 140 ST.~~
MIAMI FL 33186 **MIAMI FL 33186**
US **US**

2. Principal Place of Business 3. Mailing Address
14034 SW 140 ST **14034 SW 140 ST**

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

City & State City & State

Zip Country Zip Country

4. FEI Number **00-3309444** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MERRILL, AL
~~14032 SW 140 ST.~~
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
14034 SW 140 ST
 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.

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 \$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	DP MERRILL, AL 14032 SW 140 ST. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERRILL, JEFF 14032 SW 140 ST. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14034 SW 140 ST	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: *Al Merrill* **SIGNATURE REQUIRED** MERRILL, PRESIDENT 1/17/02 (305) 255-9919
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)