

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90362 030 ***150.00

DOCUMENT # *P 98000090659*
 1. Entity Name
1608 ALTON ROAD, INC. ✓

Principal Place of Business Mailing Address
407 Lincoln Rd, Ste 5-B 407 Lincoln Road Ste 5-B
Miami Beach FL 33139 Miami Beach, FL 33139

2. Principal Place of Business 3. Mailing Address
1608 Alton Road 1608 Alton Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami Beach FL Miami Beach, FL
 Zip Country Zip Country
33139 USA 33139 USA

4. FEI Number Applied For
65-0870370 Not Applicable

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

6. Name and Address of Current Registered Agent
Brito, Luis G.
407 Lincoln Road Ste 5-B
Miami Beach, FL 33139

7. Name and Address of New Registered Agent
 Name *Puccio Thomas*
 Street Address (P.O. Box Number is Not Acceptable)
1608 Alton Road
 City *Miami Beach* FL Zip Code *33139*

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 *[Signature]* DATE *4-24-01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<i>Sarafino, Sandra</i> <input checked="" type="checkbox"/> Delete <i>1608 Alton Rd.</i> <i>Miami Beach, FL 33139</i> <i>STOV</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Puccio, Thomas</i> <input type="checkbox"/> Delete <i>1608 Alton Road</i> <i>AD</i> <i>Miami Beach, FL 33139</i>
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
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	<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
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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]* DATE *4-24-04* DAYTIME PHONE # *305-674-3883*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A0070871

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)