

FILED
Mar 27, 2003 8:00 am
Secretary of State

FEB-28-2003 11:14AM FROM-AVANTI PRODUCTS

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03-27-2003 90125 043 ***150.00

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

10048006

DOCUMENT # P99000046477

1. Entity Name
ALCORT INC.

Principal Place of Business
 815 SUNSET DRIVE
 CORAL GABLES FL 33143

Mailing Address
 815 SUNSET DRIVE
 CORAL GABLES FL 33143

2. Principal Place of Business
 Subj. Apt. #, etc.

3. Mailing Address
 Subj. Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

4. FEI Number **65-0024187** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CORTINA, ALFREDO J
815 SUNSET DRIVE
CORAL GABLES FL 33143

7. Name and Address of new Registered Agent
 Name
 Street Address (P.O. Box Number is Not Applicable)
 City FL Zip Code

8. The above party hereby certifies that the information furnished is true and correct and that the party is changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the above party.

SIGNATURE: *[Signature]* DATE: *[Date]*

FILES NOW \$127. FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contributor \$5.00 (Add to Fee)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PRES CORTINA, ALFREDO J 815 SUNSET DRIVE CORAL GABLES FL 33143	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"/> Delete BY PEREZ CORTINA, DULCE 815 SUNSET DR CORAL GABLES FL 33143	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sections 609.01, 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 in an appointment with an address, with all other like appointments.

SIGNATURE: *[Signature]* DATE: **2.14.03**

ALFREDO CORTINA - PRESIDENT