

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90195 018 ***150.00

DOCUMENT # V66493

1. Entity Name
ALGHERO INVESTMENTS, INC.

Principal Place of Business **Mailing Address**
ONE S E 3RD AVE **ONE SE 3RD AVE**
28TH FLOOR **28TH FLOOR**
MIAMI FL 33131 **MIAMI FL 33131**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1670 N.W. 94th Avenue

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

City & State
Miami, Florida

City & State

4. FEI Number **65-0364874** **Applied For**
 Not Applicable

Zip **Country**
33172 **U.S.A.**

Zip **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL DAGO, CARMEN
1670 NW 94TH AVENUE
MIAMI FL 33172-2836

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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DAGO DEL, ROSA ONE SE 3RD AVE, 28TH FLOOR MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DAGO DEL, CARMEN ONE SE 3RD AVE, 28TH FLOOR MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGO DEL, MANUEL ONE SE 3RD AVE, 28TH FLOOR MIAMI FL 33131	<input type="checkbox"/> Delete
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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: *Carmen Del Dago*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02 (305) 599-1920
 Date Daytime Phone #

CR2E034 (9/01)