

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J51871

1. Entity Name

ALSON OF HOMESTEAD, INC.

FILED

00 JUN 23 PM 6:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

30070 S. FEDERAL HIGHWAY  
HOMESTEAD FL 33033  
US

Mailing Address

2390 N.W. 107TH AVE.  
MIAMI FL 33172-2103  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2741919

Applied For

Not Applicable

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

SONNENKLAR, HERBERT  
2390 NW 107TH AVE.  
MIAMI FL 33172

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, 2000 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 PD ☐ Delete  
NAME SONNENKLAR, HERBERT  
STREET ADDRESS 2390 N.W. 107TH  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME 300003319653-2  
STREET ADDRESS -07/11/00--01055--001  
CITY-ST-ZIP \*\*\*1050.00 \*\*\*\*150.00

TITLE PS ☐ Delete  
NAME SONNENKLAR, J.  
STREET ADDRESS 2390 N.W. 107TH AVE.  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00  
Date

305-597-5670  
Daytime Phone #

CR2E034 (9/99)