

## 2002 UNIFORM BUSINESS REPORT

DOCUMENT # 659615

1. Entity Name

ALEAND GROUP INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB -8 PM 4:00

Principal Place of Business

Mailing Address

77 CRANDON BLVD, 3B  
KEY BISCAINE FL 33149

2. Principal Place of Business

3. Mailing Address

995 WEST 23 ST  
Suite, Apt. #, etc.  
#2995 WEST 23 ST  
Suite, Apt. #, etc.  
#2City & State  
HIALEAH FLCity & State  
HIALEAH, FLZip  
33210Country  
DADEZip  
33210Country  
DADE

4. FEI Number

592016714

Applied For  
Not Applicable5. 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

ELSA SARIOL  
995 WEST 23 STREET, SUITE #2  
HIALEAH, FL 33210

Name

ELSA SARIOL

Street Address (P.O. Box Number is Not Acceptable)

995 WEST 23 ST, SUITE 2

City

HIALEAH

FL

Zip Code  
33210

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)

JAN 4, 2002

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS AYMERICH, YSABEL M. 77 CRANDON BLVD., KEY BISCAINE <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ELSA SARIOL 995 WEST 23 STREET HIALEAH, FL 33210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:

JAN 4 2002