2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000046720

FILED
02 APR -4 PM 12: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
ALCAN CORPORATE MANAGEMENT AND CONSULTING GROUP INC

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
2111 SW 60 WAY	PO BOX 471614
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33023 · Country: BROWARD	Zip: 33247 · Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1124380 ☐ 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
J.O. FALU	Name
2111 SW 60 WAY	Street Address (P.O. Box Number is Not Acceptable)
MIRAMAR FL 33023	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) ☐

[redacted]

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	D FALU, J.O. 2111 SW 60 WAY MIRAMAR FL 33023 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800005307418-- -04/19/02--01029--006 ****150.00 ****150.0
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (1/00)

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: J O Falu 3/21/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR