

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90627 027 ***150.00

DOCUMENT # 356704

1. Entity Name

ALNAT, INC.

Principal Place of Business

11543-45 QUAIL ROOST DRIVE
MIAMI FL 33157-6547

Mailing Address

11543-45 QUAIL ROOST DRIVE
MIAMI FL 33157-6547

2. Principal Place of Business

8831 SW 152 ST.

3. Mailing Address

8831 SW 152 ST.

Suite, Apt. #, etc.

Miami, Florida.

Suite, Apt. #, etc.

City & State

City & State

Miami, Florida.

Zip

33157

Country

U.S.A.

Zip

33157

Country

U.S.A.

4. FEI Number

59-1384905

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

WERNON, ALLEN

11543-45 QUAIL ROOST DR
MIAMI FL 33157

Name

WERNON, ALLEN

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

8831 SW 152 ST

City

Miami, FL

FL

Zip Code

33157

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 (ALLEN WERNON) Allen Wernon, PRES.

3-5-01

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, 2001 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 P
NAME WERNON, AL ☐ Delete
STREET ADDRESS 8831 SW 152 STREET
CITY-ST-ZIP MIAMI FL

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

TITLE ST
NAME WERNON, NATALIE ☐ Delete
STREET ADDRESS 8831 SW 152 STREET
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
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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)(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: Allen Wernon Pres. (Allen Wernon)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

(305) 238-6830

Daytime Phone #

CR2E034 (10/00)