

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 366051

1. Entity Name

ALHI SALES INC

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90085 033 ***150.00

00027308



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1836 NW 23 STREET
MIAMI FL 33142

1836 NW 23 STREET
MIAMI FLA 33142-7533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1318658

Applied For

Not Applicable

Zip

Country

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

CARMEN E GONZALEZ
1935 SW 17TH CT
MIAMI FL 33145

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PDS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, CARMEN E	NAME	
STREET ADDRESS	1935 SW 17 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000 33145	CITY-ST-ZIP	
TITLE	VDT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, SANTIAGO R	NAME	
STREET ADDRESS	1935 SW 17 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GREGORY GONZALEZ R	NAME	
STREET ADDRESS	11451 SW 42ND TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000 33165	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SANTIAGO R. GONZALEZ 2-21-00 305-634-7261

CR2E034 (9/99)