

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 368686

1. Entity Name

ALOGA CORPORATION OF FLORIDA

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90035 025 ***150.00

Principal Place of Business

% MARCIA B. CABALLERO
 2450 SW 137TH AVE. S-221
 MIAMI FL 33175

Mailing Address

% MARCIA B. CABALLERO
 2450 SW 137TH AVE. S-221
 MIAMI FL 33175-6332

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1315017

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CABALLERO, MARCIA B.
2450 S.W. 137 AVE
MIAMI, FL FL 33135

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SD	GALAN F. MANUEL V.	2450 SW 137 AVENUE	MIAMI FL	<input type="checkbox"/>
TD	DE GALAN, ALICIA RIESGO	2450 SW 137 AVENUE	MIAMI FL	<input type="checkbox"/>
PD	CARBALLEIRA DE LOPEZ MARIA ROSA	2450 SW 137 AVENUE	MIAMI FL	<input type="checkbox"/>
V	CARBALLEIRA, RAMON L	2450 SW 137 AVE	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Maria Rosa Carballeira De Lopez
 Maria Rosa Carballeira De Lopez

Day

Daytime Phone #

CR2E034 (9/99)