

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90064 047 ***150.00

027006 AV

DOCUMENT # 368686

1. Entity Name

ALOGA CORPORATION OF FLORIDA

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

800060000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9192 Coral way
Suite 201
Miami FL

3. Mailing Address

9192 Coral way
Suite 201
Miami FL

City & State

Miami FL

City & State

Miami FL

Zip 33105 Country U.S

Zip 33105 Country U.S

4. FEI Number 59-1315017

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 Caballero, Marcia B.
Street Address (P.O. Box Number is Not Acceptable) 9192 Coral way
Suite 201
City Miami FL Zip Code 33105

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]* DATE 3/5/02
(NOTE: Registered Agent signature required when reinstating)

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 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	SD GALAN F. MANUEL V. 2450 SW 137 AVENUE MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE GALAN, ALICIA RIESGO 2450 SW 137 AVENUE MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARBALLEIRA DE LOPEZ MARIA ROSA 2450 SW 137 AVENUE MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, RAMON L 2450 SW 137 AVE MIAMI FL 33175 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALAN F. Manuel V. P.O. BOX 361450 San Juan, PR. 00936-1450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE GALAN, ALICIA RIESGO P.O. BOX 361450 San Juan, PR. 00936-1450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARBALLEIRA DE LOPEZ MARIA ROSA P.O. BOX 361450 San Juan, PR. 00936-1450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lopez, Ramon L. P.O. BOX 361450 San Juan, PR. 00936-1450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 3/31/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)