

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-15-2002 90064 047 \*\*\*150.00

0277008 AV

**DOCUMENT # 368686**  
 1. Entity Name  
**ALOGA CORPORATION OF FLORIDA**

Principal Place of Business <b>% MARCIA B. CABALLERO</b> <b>2450 SW 137TH AVE. S-221</b> <b>MIAMI FL 33175</b>	Mailing Address <b>% MARCIA B. CABALLERO</b> <b>2450 SW 137TH AVE. S-221</b> <b>MIAMI FL 33175</b>
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BU0062222



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>9192 Coral way</b> Suite, Apt. #, etc. <b>Suite 201</b> City & State <b>Miami Fl.</b> Zip <b>33105</b> Country <b>U.S.</b>	3. Mailing Address <b>9192 Coral way</b> Suite, Apt. #, etc. <b>Suite 201</b> City & State <b>Miami Fl.</b> Zip <b>33105</b> Country <b>U.S.</b>
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4. FEI Number <b>59-1315017</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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  
Signature, typed or printed name of registered agent and date if applicable. (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	<b>SD</b> <b>GALAN F. MANUEL V.</b> <b>2450 SW 137 AVENUE</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>DE GALAN, ALICIA RIESGO</b> <b>2450 SW 137 AVENUE</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CARBALLEIRA DE LOPEZ MARIA ROSA</b> <b>2450 SW 137 AVENUE</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LOPEZ, RAMON L</b> <b>2450 SW 137 AVE</b> <b>MIAMI FL 33175</b> <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	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GALAN F. Manuel V.</b> <b>P.O. BOX 361450</b> <b>SAN JUAN, PR. 00936-1450</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DE GALAN, ALICIA RIESGO</b> <b>P.O. BOX 361450</b> <b>SAN JUAN, PR. 00936-1450</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CARBALLEIRA DE LOPEZ MARIA ROSA</b> <b>P.O. BOX 361450</b> <b>SAN JUAN, PR. 00936-1450</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lopez, Ramon L.</b> <b>P.O. BOX 361450</b> <b>SAN JUAN, PR. 00936-1450</b>
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]* DATE 3/31/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)