

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90053 025 \*\*\*150.00

**DOCUMENT # F00000006057**

**1. Entity Name**  
**D'ALESSIO INTERNATIONAL, LTD. CORPORATION**

**Principal Place of Business** **Mailing Address**  
~~241 CEDAR LANE~~ **404 PARK AVE SO** ~~241 CEDAR LANE~~ **404 PARK AVE SO**  
~~TEANECK NJ 07666~~ **SUITE 700** ~~TEANECK NJ 07666~~ **SUITE 700**  
**NY NY 10016** **NY NY 10016**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>22-2949642</b>		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>D'ALESSIO, JOHN R</b> <b>1109 N. FEDERAL HWY, SUITE 10</b> <b>HOLLYWOOD FL 33020</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.**

**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.** ☒ **FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

<b>11. OFFICERS AND DIRECTORS</b>			<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	CDPV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALESSIO, JOHN R		NAME		
STREET ADDRESS	1109 N. FEDERAL HWY, SUITE 10		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** **9-13-02** **954-845-5960**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

*all attached*

*872774*

*# F0000000 605-5*

D'Alessio International, Ltd.  
1109 N. Federal Highway, Suite 10  
Hollywood, FL 33020

September 12, 2002

Florida Uniform Business Report  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Sir or Madam:

Re: D'Alessio International, Ltd.  
FEIN 22-2949642  
2002 Uniform Business Report

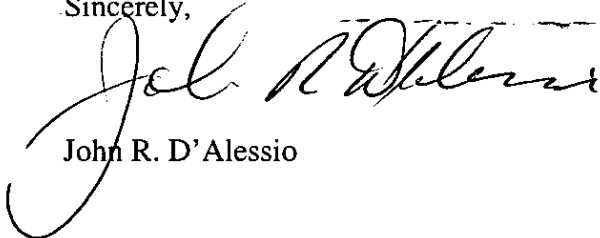
I am the Chairman of the above-referenced taxpayer. The corporation respectfully requests that the late fee for the Uniform Business Report be cancelled, because the prior notice was never received.

Your notices have been sent to 241 Cedar Lane, Teaneck, New Jersey. However, the taxpayer moved to 404 Park Avenue South, Suite 700, New York, New York. Your first notice was mailed to the former address, and was never forwarded to the new address.

We then received your second notice (copy attached) only within the last several days, after it was finally forwarded.

Therefore, the corporation respectfully requests that the penalty for late filing be waived. The corporation has always intended to follow the Division's rules and regulations with respect to filings with the Division.

Sincerely,

  
John R. D'Alessio