

FOR PROFIT CORPORATION**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91566 039 ***150.00

DOCUMENT # G55649**1. Entity Name**

ALADIN INVESTMENT CORPORATION

DO NOT WRITE IN THIS SPACE**2. Principal Place of Business**

650 OCEAN DRIVE

Suite, Apt. #, etc.

11-C

City & State
KEY BISCAVNE, FLORIDAZip
33149Country
MIAMI-DADE**3. Mailing Address**

650 OCEAN DRIVE

Suite, Apt. #, etc.

11-C

City & State
KEY BISCAVNE, FLORIDAZip
33149Country
MIAMI-DADE**4. FEI Number**

59-2497089

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****7. Name and Address of Current Registered Agent**

Name

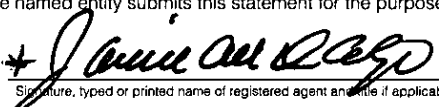
DEL DAGO, FRANCISCO JAVIER

Street Address (P.O. Box Number is Not Acceptable)

650 OCEAN DRIVE, SUITE # 11-C

City KEY BISCAVNE

FL

Zip Code
33149**DO NOT WRITE
IN THIS SPACE****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**

04/18/2002

DATE

Signature, typed or printed name of registered agent and title 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)** ☐**January 1 - May 1 Fee is \$150.00****After May 1, Fee is \$550.00****Amended UBR is \$61.25****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	P
NAME	DEL DAGO, FRANCISCO JAVIER
STREET ADDRESS	650 OCEAN DRIVE #11-C
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	T
NAME	DEL DAGO, DUNIA
STREET ADDRESS	650 OCEAN DRIVE #11-C
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE****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 on an attachment with an address, with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/2002 (305)361-6820

Date

Daytime Phone #

CR2E034B (12/01)