

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K20403

1. Entity Name

Alamagan Corporation

Principal Place of Business

Mailing Address

520 Brickell Key Drive S-305
Miami, Florida 33131

2. Principal Place of Business

3. Mailing Address

247 S.W. 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#175

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33130

Dade

4. FEI Number

59-2268319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Stephen A. Freeman
520 Brickell Key Drive #S-305
Miami, FL 33131

Name
Gavriel Mairone

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

247 SW 8th Street
#175

City Miami

FL

Zip Code 33130

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

Gavriel Mairone

4/27/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director/President ☒ Delete
Stephen A. Freeman
520 Brickell Key Drive, Ste. S-305
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director ☐ Change ☒ Addition
Gavriel Mairone
247 SW 8th Street #175
Miami, FL 33130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary ☒ Delete
Hildie L. Aristondo
520 Brickell Key Drive, #S-305
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer/Secretary/Director ☐ Change ☒ Addition
Bernard E. Sendlin
100 North LaSalle Street, Ste. 1400

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President ☐ Change ☐ Addition
Rafael Diaz-Balart
501 Brickell Key Dr., Ste. 602
Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Gavriel Mairone

4/27/2000 305-372-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #