

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90939 036 \*\*\*150.00

DOCUMENT # K20403

1. Entity Name

ALAMAGAN CORPORATION

Principal Place of Business

Mailing Address

~~STEPHEN A. FREEMAN~~  
~~520 BRICKELL KEY DR. G-806~~  
~~MIAMI FL 33131~~

~~STEPHEN A. FREEMAN~~  
~~520 BRICKELL KEY DR. G-806~~  
~~MIAMI FL 33131~~

2. Principal Place of Business

501 Brickell Key Drive

Suite, Apt. #, etc.  
Suite 602

City & State  
Miami, Florida

Zip  
33131

Country  
USA

3. Mailing Address

501 Brickell Key Drive

Suite, Apt. #, etc.  
Suite 602

City & State  
Miami, Florida

Zip  
33131

Country  
USA

C0059791



DO NOT WRITE IN THIS SPACE

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

~~FREEMAN, STEPHEN A.~~  
~~520 BRICKELL KEY DR~~  
~~SUITE 605~~  
~~MIAMI FL 33131~~

Name

Gavriel Mairone

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

247 SW 8th Street

Suite 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 *[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.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<del>DP</del> <del>FREEMAN, STEPHEN A.</del> <del>520 BRICKELL KEY DR</del> <del>MIAMI FL</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>S</del> <del>ARISTONDO, HILDE-L</del> <del>520 BRICKELL KEY DR</del> <del>MIAMI FL</del>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gavriel Mairone 247 SW 8th Street #175 Miami, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Bernard E. Sendlin 6625 N. Avondale Avenue Chicago, IL 60631	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rafael Diaz-Balart 501 Brickell Key Dr., Suite 602 Miami, FL 33131	<input type="checkbox"/> Change <input checked="" 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
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)