

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014139

1. Entity Name
ALCORP LLC

FILED

WASHINGTON MUTUAL
CHECK # 614 \$55.00

Principal Place of Business
11206 SW 154 TERRACE
MIAMI FL 33157

Mailing Address
11206 SW 154 TERRACE
MIAMI FL 33157

01 OCT 17 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7948 PINES BLVD PEMBROKE PINES
FL 33024

3. Mailing Address
7948 PINES BLVD PEMBROKE PINES
FL 33024

Suite, Apt. #, etc.
7948 PINES BLVD

Suite, Apt. #, etc.
7948 PINES BLVD

City & State
PEMBROKE PINES FL.

City & State
PEMBROKE PINES FL.

4. FEI Number
65-105 4071

Applied For
Not Applicable

Zip
33024

Country
USA

Zip
33024

Country
USA

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARKE, ALTHAMON
11206 SW 154 TERRACE
MIAMI FL 33157

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

3000004652599-5
-10/25/01--01025--022
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
ALTHAMON CLARKE
11206 SW 154 TERR
MIAMI FL 33157

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASST MANAGER
JOY CLARKE
11206 SW 154 TERRACE
MIA FL 33157

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASST MANAGER
CHRISTOPHER RICHARDS
10437 SW 155 TERR
MIA FL 33157

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASST MANAGER
NADINE RICHARDS
10437 SW 155 TERR
MIA FL 33157

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/31/2001

954 322 0955

Date Daytime Phone #

CR2E083 (11/00)

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