

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90032 032 \*\*\*150.00

**DOCUMENT # L29745**

1. Entity Name  
**ALEYMANI (U.S.A.) COMPANY**

Principal Place of Business

~~701 BRICKELL AVE~~  
~~#2000~~  
**MIAMI FL 33131**  
**US**

Mailing Address

~~701 BRICKELL AVE~~  
~~#2000~~  
**MIAMI FL 33131**  
**US**

2. Principal Place of Business

**80 SW 8 Street**

Suite, Apt. #, etc.

**3100**

City & State

**Miami, FL**

Zip

**33130**

Country

**USA**

3. Mailing Address

**80 SW 8 Street**

Suite, Apt. #, etc.

**3100**

City & State

**Miami, FL**

Zip

**33130**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BEFELER, GEORGE**  
**701 BRICKELL AVE**  
~~STE 2000~~  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**George Befeler**

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

**80 SW 8th St. #3100**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/10/01**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALONSO, MANUEL</b>	
STREET ADDRESS	<b>EL DORADO APTO POSTAL</b>	
CITY-ST-ZIP	<b>REPUBLIC OF PANAMA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALONSO, ALEJANDRO</b>	
STREET ADDRESS	<b>EL DORADO APTO POSTAL</b>	
CITY-ST-ZIP	<b>REPUBLIC OF PANAMA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-1-01**

Daytime Phone #

CR2E034 (10/00)