

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L73768

1. Entity Name

ALCAD REAL ESTATE CORP.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90097 049 ***158.75

Principal Place of Business

Mailing Address

~~120 S OLIVE AVE~~
~~STE 200~~
WEST PALM BEACH FL 33401
US

~~120 S OLIVE AVE~~
~~STE 200~~
WEST PALM BEACH FL 33401-5531
US

2. Principal Place of Business

3. Mailing Address

319 Clematis Street

319 Clematis Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

33401

United States

Zip

Country

33401

United States



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0201396

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

BERIRO, ALBERT
120 S OLIVE AVE
STE 200
WEST PALM BEACH FL 33401

Name

Albert Beriro

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

319 Clematis Street, Suite 200

City

West Palm Beach

FL

Zip Code

33401

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

President ALBERT BERIRO

3/17/00
DATE

(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) ☐

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	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERIRO, ALBERT		NAME	Beriro, Albert	
STREET ADDRESS	120 S OLIVE AVE STE 200		STREET ADDRESS	319 Clematis Street	
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP	Suite 200	
				West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Albert Beriro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00
Date

561-833-6668
Daytime Phone #