## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L84791

1. Entity Name

	11010	ALES DESIGN STU	obio ikc.				(	04-18-2001 90	3103 03	7 150.	.00
Principal Place of Business 1964 Howell Branch Rd Ste 109 Winter Park Fl 32792			Mailing Address 1964 Howell Branch Rd Ste 109 Winter Park Fl 32792				A0051515				
2. Principal Place of Business			3. Mailing Address								
1555 Sugarwood Circle Suite, Apt. #, etc.			5703 Red Bug Lake Road								
Suite, Apt.	#, etc.		Suite, Apt. #, etc. # 2 4 4					DO NOT WRITI	= IN THIS	SPACE	
City & State Winter Park Fl			City & State Winter Park F1			4. F	50 202027			pplied For ot Applicable	
Zip 32792		Country	Zip 32708	Coun	try	5. 0	Certificate of S	Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Current F	J	<del></del>	T	7. N	lame and Ad	dress of New Re	gistered	_ <del></del>	
MORAL	ES, TAM	4 T N	<u>.                                 </u>		Name						
	almora		Street Address (			dress (P.O. Be	s, Tami N P.O. Box Number is Not Acceptable) garwood Circle				
Casse	lberry	F1 32707·									
					City Wi	nter Pa	nrk		FL	Zip Cod	ie 792
8. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office or re	egistered age	ent, or both, in	the State of Flori	ida.		***************************************
SIGNATURE	Signature, typed	or trinled name of registered agent at	Modeles (NOT)	E: Registere	d Agent signature	required when rei	nstating)		2 DATE	-16-	01
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOWI!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of Sta			}		<del></del>			
Tax filing re	equirement a	and elects to do so.	After MAY 1, 20	01 Fee	will be \$550	0.00		n Campaign Fina und Contribution.			00 May Be d to Fees
Tax filing re (See criter	equirement a	and elects to do so.	After MAY 1, 20 Make Check Payab	01 Fee ole to De	will be \$550	0.00 of State	Trust F	und Contribution.		Added	d to Fees
Tax filing re (See criter	equirement a	and elects to do so.	After MAY 1, 20 Make Check Payab	01 Fee	will be \$556 epartment o	0.00 of State	Trust F			J Added	d to Fees
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Tax filing re (See criter 11. TITLE NAME STREET ADDRESS	PVS Moral 136	OFFICERS AND E es, Tami N almora DR	After MAY 1, 20 Make Check Payab DIRECTORS  Delete	01 Fee ple to De 12. TITLE NAME STRE CITY	will be \$556 epartment of	0.00 of State ADD	Trust F DITIONS/CHA garwood	und Contribution. ANGES TO OFFIC		J Added	d to Fees
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CITY-ST-ZIP

Tami N Morales

2-16-0/ 407-673-3021

**FILED** 

Apr 18, 2001 8:00 am Secretary of State

<sup>13.</sup> Thereby 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.