

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90314 046 ***150.00

DOCUMENT # L88092

1. Entity Name
ALISEO OF AMERICA, INC.



Principal Place of Business
**3120 PEMBROKE RD
BAYS 219-220
HALLANDALE FL 33009
US**

Mailing Address
**P OBOX 3613
HOLLYWOOD FL 33083
US**

2. Principal Place of Business
1331 S Dixie Hwy W

3. Mailing Address
1331 S Dixie Hwy W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 10 B

Ste 10 B

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

4. FEI Number
65-0212743

Applied For
Not Applicable

Zip
33060

Country
US

Zip
33060

Country
US

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

**FROIDEVAUX, J.M.
3120 PEMBROKE ROAD #219
HALLANDALE FL 33009**

Name
Froidevaux, J.M.
Street Address (P.O. Box Number is Not Acceptable)

1331 S Dixie Hwy W, Ste 10 B

City **Pompano Beach** **FL** Zip Code **33060**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FROIDEVAUX, J.M.**
STREET ADDRESS **3120 PEMBROKE RD**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **D** ☒ Change ☐ Addition
NAME **Froidevaux, J.M.**
STREET ADDRESS **1331 S Dixie Hwy W, Ste 10 B**
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)