

DOCUMENT # L95672

1. Entity Name

ALAMC, INCORPORATION

Principal Place of Business

230808 SANDALFOOT PLACA DRIVE
BOCA RATON FL 33428
US

Mailing Address

230808 SANDALFOOT PLACA DRIVE
BOCA RATON FL 33428
US

2. Principal Place of Business

230808 Sandalfoot Pl. Dr

Suite, Apt. #, etc.

3. Mailing Address

Deane

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Zip

33428

Country

Palm Beach

Zip

Country

4. FEI Number

65-0219735

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPALO, PATRICK

5509 N MILITARY TRAIL

APT 515

BOCA RATON FL 33434

2890 N.W. 28th Terr.

33434

7. Name and Address of New Registered Agent

Name

Patrick Campolo

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

2890 NW 28th Terrace

City

Boca Raton

FL

Zip Code

33434

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

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

P

CAMPALO, LAURA

5509 N MILITARY TRAIL APT 515

BOCA RATON FL 33434

2890 NW 28th Terrace

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

V

CAMPALO, PATRICK

5509 N MILITARY TR APT 515

BOCA RATON FL 33434

2890 NW 28th Terrace

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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

7-11-00

561-482-3772

Date

Daytime Phone #

FILED
Aug 09, 2000 8:00 am
Secretary of State

07-20-2000 90016 020 ***55.00

07-17-2000 90071 015 ***158.75

08-09-2000 90087 033 ***336.25



DO NOT WRITE IN THIS SPACE