

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M80937

1. Entity Name
SERVICES BY AL, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90034 029 ***150.00

Principal Place of Business

203 N. 59TH AVENUE
HOLLYWOOD FL 33021

Mailing Address

203 N 59TH AVE.
HOLLYWOOD FL 33021

2. Principal Place of Business

540 south luna Court

3. Mailing Address

540 south luna Court

Suite, Apt. #, etc.

Apt # 2.

Suite, Apt. #, etc.

Apt # 2

City & State

Hollywood FL.

City & State

Hollywood

Zip

33021.

Country

Broward.

Zip

33021

Country

Broward.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0041105

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

DE LA CRUZ, ELIEZER
203 N. 59TH AVENUE
HOLLYWOOD FL 33021

Name

De La Cruz Eliezer

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

540 south luna Court.

City

Hollywood

FL

Zip Code

33021.

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

Ada de la Cruz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/09/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE LA CUZ, ELIEZER	
STREET ADDRESS	203 N. 59TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	DE LA CUZ, ADA	
STREET ADDRESS	203 N. 59TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE LA CUZ, LOURDES	
STREET ADDRESS	203 N. 59TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De la Cruz ELIEZER	
STREET ADDRESS	540 south luna Court.	
CITY-ST-ZIP	Hollywood FL 33021.	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De la Cruz Ada.	
STREET ADDRESS	540 south luna Court	
CITY-ST-ZIP	Hollywood FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De la Cruz Lourdes.	
STREET ADDRESS	540 south luna Court	
CITY-ST-ZIP	Hollywood FL 33021.	
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		
STREET ADDRESS		
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

Ada de la Cruz

Date

Daytime Phone #

04/09/2001 (954) 961-3815

CR2E034 (10/00)