

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M86182

1. Entity Name

ALRAC INTERNATIONAL, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90303 038 ***150.00

Principal Place of Business

1905 SOUTH 25TH STREET
STE 206
FORT PIERCE FL 34947
US

Mailing Address

1905 SOUTH 25TH STREET
STE 206
FORT PIERCE FL 34947
US

2. Principal Place of Business

3503 SE Charing Cross
Suite, Apt. #, etc.

3. Mailing Address

3503 SE Charing Cross
Suite, Apt. #, etc.

City & State

Port St Lucie

City & State

Port St Lucie

4. FEI Number

65-0127584

Applied For

Not Applicable

Zip

FL

Country

34952

Zip

FL

Country

34952

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNEED JR., RICHARD D.
1905 SOUTH 25TH ST
STE 206 / MARDI EXECUTIVE CENTER
FORT PIERCE FL 34947

7. Name and Address of New Registered Agent

Name

Ariosto Reyes Jr

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

3503 SE Charing Cross Ln

City

Port St Lucie

FL

Zip Code

34952

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

Ariosto Reyes Jr

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DELUZURIAGA, CLAUDIO R. 1905 SOUTH 25TH STREET / STE 206 FORT PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELUZURIAGA, CLAUDIO R. 1905 SOUTH 25TH STREET / STE 206 FORT PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYES JR., APIOSTO 3503 SE CHARING CROSS LN PORT ST. LUCIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ariosto Reyes Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/01

Daytime Phone #

561-3350947

CR2E034 (10/00)