## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0000005991 1. Entity Name

ALER OF NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

## FILED Apr 18, 2001 8:00 am Secretary of State 04-18-2001 90026 044 \*\*\*\*61.25

| 1343 HWY. A1A #6D<br>SATELLITE BEACH FL 32937 |   | 1343 HWY. A1A #6D<br>SATELLITE BEACH FL 32937 |  |   |   |            |            |                               |
|---|---|---|--|---|---|------------|------------|-------------------------------|
|   |   |   |  |   |   |            |            |                               |
| 2. Principal Place of Business                |   | 3. Mailing Address                            |  |   | <b>                                    </b> |            |            |                               |
| Suite, Apt. #, etc.  City & State             |   | Suite, Apt. #, etc. City & State              |  |   | DO NOT WRITE IN THIS SPACE                  |            |            |                               |
|   |   |   |  | 4. FEI Numbe                            | 4. FEI Number                               |            |            | Applied For<br>Not Applicable |
| ,Zip  | Country   | , Zìp   | _Country   | 5. Certificate                          |   | \$8.75 Add | ditional   |                               |
|   | 6. Name and Address of Current R                        | egistered Agent                               | 1  | 7. Name and                             | Address of New Registered A                 | gent       |            |                               |
|   |   | <del></del>                                   | Name   |   |   |            |            |                               |
| COREY, YOLANDA                                |   |   | Street Address (P.O. Box Number is Not Acceptable) |   |   |            |            |                               |
|   | Y. A1A #6D  | <del></del>                                   |  |   |   |            |            | ĺ                             |
| SATELLITE BEACH FL 32937                      |   |   | City   |   | FL  | Zip Cod    | e          |                               |
| 9. The above                                  | named entity submits this statement for                 | the purpose of changing its re                | oristored office o                                 | r registered agent, or bot              |   | .l         |            | ١                             |
| o. The above                                  | Thathed entity submits this statement for               | ine purpose or changing its it                | sgistered office o                                 |   | n, in the state of Florida.                 |            |            |                               |
|   |   |   |  | ,                                       |   |            |            |                               |
| SIGNATURE .                                   |   |   |  |   | DATE  |            |            | }                             |
|   | Signature, typed or printed name of registered agent an | d title if applicable. (NOTE:                 | Registered Agent signal                            | ture required when reinstating)         | DATE  |            |            |                               |
|   |   | A FL C O MANIE CONTINUE AND A                 |  | 47.44                                   | Make Charle F                               | lavable te |            |                               |
| FILE NOW:<br>FEE IS \$61.25                   |   |   |  | \$5.00 May Be<br>Added to Fees          | Make Check F<br>Department                  |            | '          | ł                             |
|   | FEE 13 \$01.25  |   |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |            | ·          |                               |
| 10.   | OFFICERS AND DIRE                                       | CTORS   | 11.  | ADDITIONS/CHA                           | ANGES TO OFFICERS AND DIF                   | RECTORS IN |            | ے ا                           |
| TITLE   | D STOY  | ☐ Delete                                      | TITLE  |   | J   | Change     | ☐ Addition | 5                             |
| NAME  | ARRIBAS, ELOY   |   | NAME   |   |   |            |            | 1                             |
| STREET ADDRESS<br>CITY-ST-ZIP                 | RADIO YARABI, CALLE JUNIN<br>MIRAFLORES, AREQUIPA       | ,   | STREET ADDRESS<br>CITY-ST-ZIP                      |   |   |            |            | 5                             |
|   | MINAPLONES, ANEGOIPA                                    |   |  |   |   | Change     | Addition   | 120                           |
| TITLE :                                       | LOMBARDI, GERARDO                                       | ☐ Delete                                      | TITLE<br>NAME                                      |   |   | change     |            | Ĉ                             |
| - STREET ADDRESS:                             | -RADIO FE-Y-ALEGRIA AV. 3E, NA                          | .63-50  | - STREET ADDRESS                                   |   | المجيونين المحاريسي والمحا                  | . —        | -          |                               |
| CITY-ST-ZIP                                   | SAN BOSCO MARACAIBO VEN.                                |   | CITY-ST-ZIP  |   |   |            |            |                               |
| TITLE   | D   | ☐ Delete                                      | TITLE  |   |   | ☐ Change   | ☐ Addition |                               |
| NAME  | DURETTE, ROBERTO  |   | NAME   |   |   |            |            | ĺ                             |
| STREET ADDRESS                                | · · · · · · · · · · · · · · · · · · ·                   |   | STREET ADDRESS                                     |   |   |            |            | ĺ                             |
| CITY-ST-ZIP                                   | POTOSI, BOLIVIA   |   | CITY-ST-ZIP  |   |   |            |            |                               |
| TITLE   | D SUSSE MESTOR  | ☐ Delete                                      | TITLE  |   |   | Change     | Addition   | ĺ                             |
| NAME  | BUSSO, NESTOR   |   | NAME   |   |   |            |            |                               |
| STREET ADDRESS<br>CITY-ST-ZIP                 | RADIO ENCUENTRO, GARRONE S<br>8500 VIEDMAN ARGENTINA    | )33   | STREET ADDRESS<br>CITY-ST-ZIP                      |   |   |            |            |                               |
|   | D   | □ p.(.).                                      | <b></b>  |   |   | ☐ Change   | ☐ Addition | ĺ                             |
| TITLE<br>NAME                                 | TORRES, NOEMI   | ☐ Delete                                      | TITLE<br>NAME                                      |   |   | ☐ Change   |            |                               |
| STREET ADDRESS                                | CALLE VENEZUELA Y PROGRENO                              | )   | STREET ADDRESS                                     |   |   |            | !          |                               |
| CITY-ST-ZIP                                   | NUEVA LOJA, LAGO AGRIO, ECU                             |   | CITY-ST-ZIP  |   |   |            |            | 1                             |
| TITLE   | CORE  | ☐ Delete                                      | TITLE  | D                                       |   | Change     | ☐ Addition | 1                             |
| NAME  | Y, YOLANDA  |   | NAME   | COREY, YOLAN                            | DA  | /* ·       |            |                               |
|   | •   |   | 1  | '''                                     | •   |            |            | 1                             |
| STREET ADDRESS                                | 1343 HWY. A1A #6D                                       |   | STREET ADDRESS                                     |   |   |            |            | ļ                             |

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 617, 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: