## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N31262

Entity Name: ALLIANCE OF MIAMI, INC.

FILED Feb 17, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1725 SW 32 STREET 1725 SW 32 STREET FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315 US **Current Mailing Address: New Mailing Address:** 1725 SW 32 STREET 4221 NE 12 AVENUE FORT LAUDERDALE, FL 33315 POMPANO BEACH, FL 33064 US FEI Number: 65-0108764 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLORIO, ANTHONY 1725 SW 32 STREET FT. LAUDERDALE, FL 33315 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FLORIO, ANTHONY Name: Name: 1725 SW 32 STREET Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33315 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DS RODRIGUEZ, LAURA Name: SOLOMON, JOEL Name: Address: 233 NW 79 AVE Address: 10786 CHARLESTON PLACE City-St-Zip: MARGATE, FL 33063 City-St-Zip: COOPER CITY, FL 33026 Title: DV () Delete Title: () Change () Addition PORTER, KATHY Name: Name: 2220 NW 70 LANE Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: DV () Delete Title: DV (X) Change ( ) Addition Name: AVON, CHRISTINE Name: O'NEILL, LINDA Address: 119 CLIFTON ROAD Address: 9261 SW 55 COURT City-St-Zip: HOLLYWOOD, FL 33323 City-St-Zip: COOPER CITY, FL 33328 Title: DFC () Delete Title: () Change () Addition SCOTT-FLORIO, SHERRY Name: Name: 4221 NE 12 AVE Address: Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY SCOTT-FLORIO DFC 02/17/2002