

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000004391

FILED
Apr 21, 2003
Secretary of State

Entity Name: ALIANZA DOMINICANA DE LA FLORIDA, INC.

Current Principal Place of Business:

9355 SOUTHWEST 93 PLACE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

9355 SOUTHWEST 93 PLACE
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0773581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANUNZI, MARIA
1321 N.W. 14TH STREET
SUITE 303
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: ANTUN, RAFAEL
Address: 9355 SOUTHWEST 93RD PLACE
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: ANTUN, MAYDA C
Address: 9355 SW 93 PL
City-St-Zip: MIAMI, FL 33176

Title: VPD () Delete
Name: TABOADA, AMPARO
Address: 1117 SW 141 AVE
City-St-Zip: MIAMI, FL 33184

Title: VPD () Delete
Name: GOMEZ, MIGUEL
Address: 9500 SW 184TH STREET
City-St-Zip: MIAMI, FL 33157

Title: TD () Delete
Name: WEBER, AMY
Address: 333 UNIVERSITY DR., APT 131
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GOMEZ, MIGUEL
Address: 104 SW 9TH STREET APT1204
City-St-Zip: MIAMI, FL 33130

Title: TD (X) Change () Addition
Name: WEBER, AMY
Address: 630 W 346 STREET APT.625
City-St-Zip: RIVERDALE, NY 10471

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: MAYDA C. ANTUN, M.D.

SD

04/21/2003

Electronic Signature of Signing Officer or Director

Date