

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90031 005 \*\*\*150.00

DOCUMENT # **000000008114**

1. Entity Name  
**Consumers Alliance Corporation**

Principal Place of Business  
**P.O. Box 7058**  
**Hollywood, FL 33081**

Mailing Address  
**P.O. Box 7058**  
**Hollywood, FL 33081**

**A0072096**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0977269**

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 Now Registered Agent

**Glenn R Mee**  
**517 S.W. First Ave.**  
**Ft. Lauderdale, FL 33301**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Benjie Spierling</b> <b>P.O. Box 7058</b> <b>Hollywood, FL 33081</b>	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (1/00)

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: *Benjie Spierling* **Benjie Spierling**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Page #

Attachment  
D# 000000008/14  
A0072096

CONSUMERS ALLIANCE CORPORATION

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P.O. Box 7058  
Hollywood, FL 33081

Telephone: (954) 981-0566

May 21, 2001

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

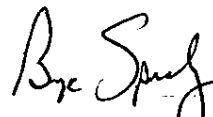
Re: Consumers Alliance Corporation

Dear Sirs:

We had not previously received the Corporate Annual Report and requested a duplicate for filing with the Division of Corporations. Since we did not have a prior notice from the State we are requesting that the additional fee be waived. Enclosed is the completed Annual Report along with my check in the amount of \$150.00.

Thanking you in advance for your consideration of this matter.

Sincerely,



BENJIE SPERLING