

DOCUMENT # P00000013810

1. Entity Name

ALEGRIA, INC.

1/17.

FILED
May 16, 2001 8:00 am
Secretary of State

01-17-2001 90083 015 ***158.75

05-16-2001 90255 007 ****13.75

Principal Place of Business

Mailing Address

1717 NORTH BAYSHORE DR., STE. B-4147
MIAMI FL 331321717 NORTH BAYSHORE DR., STE. B-4147
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

7161 SW 117th Ave

Same

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

Miami

City & State

FLORIDA

Zip
33183

Country

USA

Zip

Same

Country

Same

4. FEI Number

FIN 65-1093507

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 New Registered Agent

GANGUZZA, JOSEPH H
 % HYMAN & KAPLAN, P.A., 150 FLAGLER ST., 27T
 H FLOOR
 MIAMI FL 33130

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

1/7/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **VALENCIA, MARCO**
 STREET ADDRESS **1717 NORTH BAYSHORE DR., STE. B-4147**
 CITY - ST - ZIP **MIAMI FL 33132**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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:

Signature and typed or printed name of signing officer or director

1/07/01

Date

(305) 595-4800

Daytime Phone #

CRE034 (10/00)