

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90151 047 \*\*\*150.00

0298751 AV

**DOCUMENT # P00000026093**

1. Entity Name  
**ALIAGA INC.**

Principal Place of Business Mailing Address  
**15695 S.W. 82ND CIRCLE LANE 15695 S.W. 82ND CIRCLE LANE**  
**12 12**  
**MIAMI FL 33193 MIAMI FL 33193**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

**15695 SW 82 CIR LN**

Suite, Apt. #, etc. Suite, Apt. #, etc.

**#12**

City & State  
**Miami, FL**

City & State

4. FEI Number **65-0993133**

Applied For  
 Not Applicable

Zip Country  
**33193 USA**

Zip Country

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

**ALIAGA, SILVIA**  
**15695 S.W. 82ND CIRCLE LANE**  
**MIAMI FL 33193**

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 *Silvia Aliaga* DATE 02/10/02  
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P ALIAGA, SILVIA</b>	NAME	
STREET ADDRESS	<b>15695 SW 82 CIR. LANE, #12</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33193</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Silvia Aliaga* **REQUIRES SILVIA ALIAGA** DATE 02/10/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)