2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026093



FILED Feb 21, 2003 8:00 am Secretary of State

1. Entity Nar ALIAGA II		. 00	300002	.0000			02-21-2	003 90157 ()11 ***	150.00	
Principal Pla	ice of Business		Maili	ng Address							
	14836	SW 60 S	Th.	•							
	MIAMI,			•	•	İ	1 1 8 0 11 8 0 1 111 8 0 211 10 111 2 0 111	Janu abun aana ma	10 ACCH CON	6 (B186)(() (CG)	
2. Principal I	Place of Busines	8 1 77 13		iling Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. FEI Number 65-0993133			Applied For	
Zip		Country	Zip		Country		5. Certificate of Status Desired		8.75 Ac	Vot Applicable	
6. Name and Address of Current			urrent Register	egistered Agent			7. Name and Address of New Registered Agent				
-	•	- ~			Name	·	1. Name and Address of New	Hegistered Ag	gent		
	SILVIA	ALIAGA			Street A	Address (P.	O. Box Number is Not Acceptate	(alı			
	14836	SW KO SY	יזן				o. Box Number is Not Acceptat	ne)			
	1 4070 1)	L								
<u> </u>	MIAMI,				City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod		
 The above the obligat 	named entity su tions of registered	bmits this stater	nent for the purp	ose of changing its	registered office o	r registered	agent, or both, in the State of F	lorida. I am far	ı niliar with	, and accept	
		- again.									
SIGNATURE .	Signature, typed or pri	nted name of registere	ed agent and title if app	licable. (NOTE:	: Registered Agent signal	ture required wh	en reinstating)	DATE			
FI FI	ILE NOW!!!. F	EE IS \$150.0	0			· ·					
Make Check	r May 1, 2003 f k Payable to Flo	orida Departm	ent of State				9. Election Campaign F Trust Fund Contributi			00 May Be d to Fees	
10.		OFFICERS	AND DIRECTO		11.		ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTOR	S IN 11	
itle Iame	•	SILVIA	ALLAGA	☐ Delete	i title Name] Change	☐ Addition	
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TY-ST-ZIP	<u>.</u>		÷	İ	STREET ADDRESS CITY-ST-ZIP						
. I hereby ce indicated o	ertify that the info	rmation supplied	with this filing o	loes not qualify for the	ne exemption state	ed in Section	n 119.07(3)(i), Florida Statutes.	further certify t	that the in	formation	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

Daytime Phone #