

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 8:00 am  
Secretary of State

04-14-2001 90029 044 \*\*\*150.00

DOCUMENT # P00000026669

1. Entity Name  
ALGA CRIN, CORP.

Principal Place of Business

9572 NW 41 ST.  
MIAMI FL 33178

Mailing Address

PO BOX 260832  
PEMBROKE PINES FL 33026

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 221236

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33022

Country

4. FEI Number

65-0997389

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

CANON, ANGELA  
2611 NORTH HIATUS ROAD  
SUITE 148  
COOPER CITY FL 33026

Name

ANGELA CANON

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

9572 NW 41 ST

City

MIAMI

FL

Zip Code

33178

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

*Angela Canon*

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

(NOTE: Registered Agent signature required when reinstating)

3/22/01

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 PD ☐ Delete  
NAME CANON, ANGELA  
STREET ADDRESS 2611 NORTH HIATUS ROAD SUITE 148  
CITY-ST-ZIP COOPER CITY FL 33026

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9572 NW 41 ST  
CITY-ST-ZIP MIAMI, FL 33178

TITLE VD ☐ Delete  
NAME VALDEZ, PILAR  
STREET ADDRESS 2611 NORTH HIATUS ROAD SUITE 148  
CITY-ST-ZIP COOPER CITY FL 33026

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 9572 NW 41 ST  
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Angela Canon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angela M. Canon

3/22/01

Date

305-493 2003

Daytime Phone #

CR2E034 (10/00)