

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90071 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00000026669**

1. Entity Name  
**ALGA CRIN, CORP.**

Principal Place of Business

**9572 NW 41 ST.  
 MIAMI FL 33178**

Mailing Address

**PO BOX 221236  
 HOLLYWOOD FL 33022**

2. Principal Place of Business  
**500 NW 24 STREET**

3. Mailing Address  
**P.O. BOX 221236**

Suite, Apt. #, etc.  
**SUITE I**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State  
**HOLLYWOOD, FLORIDA**

4. FEI Number  
**65-0997389**

Applied For  
 Not Applicable

Zip  
**33127** Country  
**USA**

Zip  
**33022** Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CANON, ANGELA  
 9572 N W 41 ST  
 MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name  
**CANON, ANGELA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**500 NW 24 STREET, SUITE I**  
 City  
**MIAMI** **FL** Zip Code  
**33127**

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]* **ANGELA CANON, PD** DATE **April 15/02**  
Signature, typed or printed name of registered agent and title 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**CANON, ANGELA**  
**9572 NW 41 ST**  
**MIAMI FL 33178** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**VALDEZ, PILAR**  
**9572 NW 41 ST**  
**MIAMI FL 33178** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**CANON, ANGELA**  
**500 NW 24 STREET, SUITE I**  
**MIAMI, FL 33127** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**VALDES, PILAR**  
**500 NW 24 STREET, SUITE I**  
**MIAMI, FL 33127** ☒ Change ☐ Addition

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

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

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

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

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]* **ANGELA CANON** DATE **April 15/02** DAYTIME PHONE # **954-921-5935**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)