

**03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P00000035580

1. Entity Name

ALJE HOLDING COMPANY



03 APR 15 AM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

000016061930
04/15/03--01024--004 **150.00

2. Principal Place of Business
948 NE Withla Bluffs Way

Suite, Apt. #, etc.

3. Mailing Address
948 NE Withla Bluffs Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lee Florida

City & State
Lee Florida

4. FEI Number

Applied For
☒ Not Applicable

Zip
32059

Country
Madison

Zip
32059

Country
Madison

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Business Filing Incorporated

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

1000 West Avenue Suite 1114

City Miami Beach

FL Zip Code
33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael P Hays, Business Filing Incorporated

4/7/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Michael P Hays - P/S/T/D
8550 W. Charleston Blvd., Suite 102-105
Las Vegas Nevada 89117

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael P Hays

Michael P Hays, S, April 3 2003

702-233-1703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

21 4/16