

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90099 003 ***150.00

DOCUMENT # P00000036815

1. Entity Name
ALIDA, INC.

Principal Place of Business

**3707 WINKLER EXT. UNIT 1625
 FT MYERS FL 33916**

**2057 Ambassador Court
 Sunny Hills, FL 32428**

Mailing Address

**3707 WINKLER EXT. UNIT 1625
 FT MYERS FL 33916**

**2057 Ambassador Court
 Sunny Hills, FL 32428**

2. Principal Place of Business

2057 Ambassador Court

Suite, Apt. #, etc.

3. Mailing Address

2057 Ambassador Court

Suite, Apt. #, etc.

City & State

Sunny Hills, Florida

Zip
32428

Country

USA

City & State

Sunny Hills, Florida

Zip

32428

Country

USA

4. FEI Number

65-1065931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ROBERT, AMILCAR

**3707 WINKLER EXT. UNIT 1625
 FT MYERS FL 33916**

**2057, Ambassador Court
 Sunny Hills, Florida, 32428**

7. Name and Address of New Registered Agent

Name

Amilcar Robert (same)

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

2057, Ambassador Court

City

Sunny Hills

FL

Zip Code

32428

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

Amilcar Robert

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

(NOTE: Registered Agent must be a resident of the State of Florida.)

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, 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 | DP | <input type="checkbox"/> Delete |
| NAME | ROBERT, AMILCAR | |
| STREET ADDRESS | 3707 WINKLER EXT. UNIT 1625 | 2057, Ambassador Court |
| CITY-ST-ZIP | FT MYERS FL 33916 | Sunny Hills, FL 32428 |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | HADLEY, DALIA | |
| STREET ADDRESS | 3707 WINKLER EXT., UNIT 1625 | 2057, Ambassador Court |
| CITY-ST-ZIP | FORT MYERS FL 33916 | Sunny Hills, FL 32428 |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Amilcar Robert

Date

Daytime Phone #

(850) 773 9721

CR2E034 (9/01)