2002 UNIFORM BUSINESS REPO[redacted]UBR)

DOCUMENT # P00000036931

1. Entity Name
Allaney Inc.

FILED
02 JUL -1 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-13-02 90189 020 $150
deposit # DO NOT WRITE IN THIS SPACE

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
1444 NW 82 Av.	1444 N.W. 82 Av
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33126 Country: Dade	Zip: 33126 Country: Dade

4. FEI Number: 65-1014495 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Inaki Mendoza
1756 N. Bayshore Dr. #27-I
Miami, FL 33132

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Inaki Mendoza 1756 N. Bayshore Dr. #27-I ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Catalina Londono 1444 N.W. 82 Av. Miami, FL 33126 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-president Claudia Mejia 1756 N. Bayshore Dr. #27-I Miami FL 33132 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Adriana Espinoza 1444 N.W. 82 Av. Miami FL 33126 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

28 7/2/02