

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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90170 005 ***158.75

DOCUMENT # P00000037239

1. Entity Name

ALAL ENTERPRISES, INC. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2000 South Dixie Hwy.

3. Mailing Address

2000 South Dixie Hwy.

Suite, Apt. #, etc.

101-B

Suite, Apt. #, etc.

101-B

City & State

Miami, FLA.

City & State

Miami FLA.

Zip

33133

Country

USA

Zip

33133

Country

USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1000542

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ALBA LIUDMILA

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

1324 S.W. 102 AVE.

City

Miami

FL

Zip Code

33174

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

X ALBA

Signature, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05/05/03

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 P.S.D.
NAME ALBA LIUDMILA
STREET ADDRESS 1324 S.W. 102 AVE.
CITY-ST-ZIP MIAMI, FL. 33174.

TITLE V.P.T.D.
NAME MISHIN IVAN
STREET ADDRESS 1324 S.W. 102 AVE.
CITY-ST-ZIP MIAMI, FL. 33174.

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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:

X ALBA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/05/03 (305) 858-3033

Date

Daytime Phone #

CR2E034B (12/02)