

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039454

1. Entity Name

First ALDI International Corporation



FILED

03 APR -1 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3370 NE 190th Str,

3. Mailing Address

3370 NE 190th Str,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1810

#1810

City & State

City & State

Aventura, FL

Aventura, FL

Zip

Country

33180

USA

Zip

Country

33180

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1003194

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Katayeva, Faina

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

3370 NE 190th Str, #1810

Aventura

City

Aventura

FL

Zip Code

33180

**DO NOT WRITE
IN THIS SPACE**

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

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
D
Katayeva, Faina
3370 NE 190th Str, #1810
Aventura, FL, 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200014957442
04/01/03--01012--001 **150.00

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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:

Katayeva, Faina Katayeva, 03/27/03 (305) 933-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)