

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90781 042 ***150.00

DOCUMENT # P000Q0040498

1. Entity Name

Alan Jessica Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20165 N.E. 39th Place

3. Mailing Address
20165 N.E. 39th Place

Suite, Apt. #, etc.
#403

Suite, Apt. #, etc.
#403

City & State
Aventura, Florida

City & State
Aventura, Florida

4. FEI Number
65-1002438

Applied For
Not Applicable

Zip
33180

Country
USA

Zip
33180

Country
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Barry A. Nelson, Esq., c/o Nelson & Levine, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2775 Sunny Isles Blvd., Suite 118

City North Miami Beach, FL Zip Code 33160

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

2/26/02

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Alan W. Epstein
20165 N.E. 39th Place #403
Aventura, Florida 33180

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/02

Date

305-932-7598

Daytime Phone #

CR2E034B (12/01)