

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

FILED
Jul 15, 2002 8:00 am
Secretary of State

06-23-2002 90503 027 ***150.00

DOCUMENT # **P00000057256**

1. Entry Name

B.2 F ALF INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1984/1986 NW 22 PL

Suite, Apt. #, etc.

3. Mailing Address

1984/1986 NW 22 PL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

Zip

33125

Country

USA

City & State

MIAMI FLORIDA

Zip

33125

Country

USA

4. FEI Number

65-1016597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DUNIA AYALA

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

1984/1986 NW 22 PL

City

MIAMI

FL

Zip Code

33125

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 name and title of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

DUNIA AYALA

7/9/02

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

X

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

**DP
DUNIA AYALA
1984/1986 NW 22 PL
MIAMI FL 33125**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

**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)(f), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUNIA AYALA
President

DATE

DAYTIME PHONE

7/9/02 (305) 546 4823

CR2E034B (12/01)