

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90059 027 \*\*\*150.00

DOCUMENT # P00000058593

1. Entity Name

ALDA ENTERPRISES CORPORATION

Principal Place of Business

5760 DEWITT PLACE  
LAKE WORTH FL 33463

Mailing Address

5760 DEWITT PLACE  
LAKE WORTH FL 33463

2. Principal Place of Business

328 Alameda Dr  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

Palm Springs, FL

City & State

Same

Zip

33461

Country

P.B.

Zip

Same

Country

P.B.

4. FEI Number

65-1018051

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARGAS, DANILO  
5760 DEWITT PLACE  
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name Alex Meza  
Street Address (P.O. Box Number is Not Acceptable)  
328 Alameda Dr  
City Palm Springs FL Zip Code 33461

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

01/31/01

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	PD	<input checked="" type="checkbox"/> Delete
NAME	VARGAS, DANILO	
STREET ADDRESS	5760 DEWITT PLACE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEZA, ALEXANDER	
STREET ADDRESS	5771 DEWITT PLACE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JIMENEZ, PATRICIA	
STREET ADDRESS	5771 DEWITT PLACE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VARGAS, ANDREA	
STREET ADDRESS	5760 DEWITT PLACE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Meza Alexander	
STREET ADDRESS	328 Alameda Dr	
CITY-ST-ZIP	Palm Spring FL 33461	
TITLE	V. Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimenez Patricia	
STREET ADDRESS	328 Alameda Dr	
CITY-ST-ZIP	Palm Spring FL 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/31/01 (561) 963-0445

CR2E034 (10/00)