

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90002 001 ***550.00

DOCUMENT # P00000067448

1. Entity Name

ALFOMBRAS LARA IMPORTS, INC.

Principal Place of Business

**10175 COLLINS AVE
 BAL HARBOUR FL 33154**

Mailing Address

**10175 COLLINS AVE
 BAL HARBOUR FL 33154**

80081000



2. Principal Place of Business

4744 N.W. 167TH STREET

Suite, Apt. #, etc.

3. Mailing Address

4744 N.W. 167TH STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

651026759

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.

526 E PARK AVE

TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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	DP	<input type="checkbox"/> Delete
NAME	BASSAL, MAURICE	
STREET ADDRESS	CALLE BALDO EDIF. GUMIE, LOCAL #1 SABANA	
CITY-ST-ZIP	GRANDE CARACAS VENEZUELA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BASSAL, ALBERTO	
STREET ADDRESS	CALLE BALDO EDIF. GUMIE, LOCAL #1 SABANA	
CITY-ST-ZIP	GRANDE CARACAS VENEZUELA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FISCHER, BELINDA	
STREET ADDRESS	CALLE BALDO EDIF. GUMIE, LOCAL #1 SABANA	
CITY-ST-ZIP	GRANDE CARACAS VENEZUELA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-11-01

Date

305-730 92 90

Daytime Phone #

CR2E034 (5/01)