## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all

SIGNATURE:

## Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000076585 1. Entity Name ALDI REAL ESTATE, INC. 04-26-2001 90122 045 \*\*\*150.00 Principal Place of Business Mailing Address 2545 WEST 80TH STREET 2545 WEST 80TH STREET SUITE 5 SUITE 5 957405 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARAN, FERNANDO S ESQ. Street Address (P.O. Box Number is Not Acceptable) 710 SUTH DIXIE HIGHWAY CORAL GABLES FL 33146 City Zio 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Addition TITLE ☐ Delete THEF VOLOVITZ, ALBERTO NAME NAME STREET ADDRESS STREET ADDRESS 2545 WEST 80TH STREET SUITE 5 CITY-ST-ZIP City-ST-ZIP HIALEAH FL 33016 ☐ Delete ☐ Change Addition TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deiete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST- ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing docy for 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 applicate 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 applicate the properties of the corporation or the receiver or trustee empowered to applicate the properties of the corporation or the receiver or trustee empowered to applicate the properties of the corporation or the receiver or trustee empowered to applicate the properties of the corporation or the receiver or trustee empowered to applicate the properties of the corporation or the receiver or trustee empowered to applicate the properties of the corporation or the receiver or trustee empowers of the corporation or the receiver or trustee empowers of the corporation or the receiver or trustee empowers of the corporation or the receiver or trustee empowers of the corporation or the receiver or trustee empowers of the corporation or the receiver or trustee empowers of the corporation or the receiver or trustee empowers of the corporation or the receiver or trustee empowers of the corporation or the receiver or trustee empowers of the corporation or the receiver or trustee empowers of the corporation or the receiver or trustee empowers of the corporation or the receiver or trustee empowers of the corporation or the receiver or trustee empowers of the corporation or the corporation or the receiver or trustee empowers of the corporation or the corporation of the corporation or the corporation

Alberto Volovitz 4-17-01 305-557-0165