

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90286 033 ***158.75

0678877
FP

DOCUMENT # P00000079365

1. Entity Name
BAJA ALAFAYA, INC.



Principal Place of Business
STE 1145, 931 N ST RD
ALTAMONTE SPRINGS FL 32714

Mailing Address
STE 1145, 931 N ST RD
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3665995**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHENAIL, GREGORY
931 N SR 434 STE 1145
ALTAMONTE SPRINGS FL 32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SO	<input type="checkbox"/> Delete
NAME	DAHLEN, JUDITH K	
STREET ADDRESS	622 RENAISSANCE POINTE BV 312	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHENAIL, GREGORY	
STREET ADDRESS	929 OASIS CT	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	CO	<input checked="" type="checkbox"/> Delete
NAME	DAHEN, DICK	
STREET ADDRESS	37 BLUE STONE CT	
CITY-ST-ZIP	CHADDS FORD PA 19317	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAHLEN, PRISCILLA	
STREET ADDRESS	37 BLUE STONE CT	
CITY-ST-ZIP	CHADDS FORD PA 19317	
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"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY CHENAIL **GREGORY CHENAIL** 4/21/03 407 786-8862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)