

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

0069724 AV

DOCUMENT # P00000079868

1. Entity Name
844 ALTON ROAD, INC.

Principal Place of Business
1700 N.E. 199TH STREET
NORTH MIAMI BEACH FL 33179

Mailing Address
1700 N.E. 199TH STREET
NORTH MIAMI BEACH FL 33179

XXXXXXXXXX



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

844 ALTON ROAD
 Suite, Apt., etc.
2nd Floor

City & State
Miami Beach FL
 Zip
33139
 Country
USA

3. Mailing Address

844 ALTON ROAD
 Suite, Apt., etc.
2nd Floor

City & State
Miami Beach FL
 Zip
33139
 Country
USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, PEDRO A
THE COLONNADE SUITE 710
2333 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

7. Name and Address of New Registered Agent

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

[Signature]

ABDALA KALIL

8/20/2001

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
BAZZI, ALI AYOUB
1700 N.E. 199TH STREET
NORTH MIAMI BEACH FL 33179

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
KALIL, ABDALA FAYEZ
1700 N.E. 199TH STREET
NORTH MIAMI BEACH FL 33179

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

Same.
844 ALTON ROAD
MIAMI BEACH FL 33135

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 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 #

ABDALA KALIL

8/20/2001 305-5253030

CR2E034 (5/01)