

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90065 004 ***150.00

0006530 AN

DOCUMENT # P00000079868

1. Entity Name

844 ALTON ROAD, INC.



Principal Place of Business

844 ALTON ROAD, 2ND FLOOR

MIAMI BEACH FL 33139

Mailing Address

~~1700 N.E. 199TH STREET~~

~~NORTH MIAMI BEACH FL 33179~~

2. Principal Place of Business

3. Mailing Address

844 Alton Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach - FL

Zip

Country

Zip

33139

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1039898
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, PEDRO A
201 ALHAMBRA CIRCLE
SUITE 705
CORAL GABLES FL 33134

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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
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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KALIL, ABDAJA FAYEZ
844 ALTON ROAD
MIAMI BEACH FL 33135

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/03

305-5253030

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #
86143747
PO0000079868
844 ALTON ROAD, INC.
844 Alton Road
Miami Beach, FL 33139

September 1, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: 844 Alton Road, Inc.

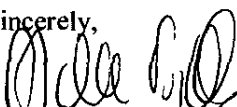
To Whom It May Concern:

Please be advised that as an officer of the above mentioned corporation, I request the late fee to be waived based on the fact that I have never received prior notice.

Enclosed please find our submission of the original \$150.00 filing fee.

Thank you for your attention to this matter.

Sincerely,


Abdala Kalil, M.D.