

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083739

1. Entity Name

ALLIANCE EQUIPMENT DISTRIBUTORS, INC.

Principal Place of Business

838 NW 42ND PLACE
POMPAÑO BEACH FL 33064

Mailing Address

838 NW 42ND PLACE
POMPAÑO BEACH FL 33064

2. Principal Place of Business

2400 W. Cypress Creek Rd

Suite, Apt. #, etc.

Suite 100

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1037934

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, ARNALDO
838 NW 42ND PLACE
POMPAÑO BEACH FL 33064

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **D** ☐ Delete
NAME **HERNANDEZ, ARNALDO**
STREET ADDRESS **838 NW 42ND PLACE**
CITY-ST-ZIP **POMPAÑO BEACH FL 33064**

TITLE **D** ☐ Delete
NAME **TAMBOER, CORNELIUS**
STREET ADDRESS **505 NAVAMAR ST., CERRO LAS MESAS**
CITY-ST-ZIP **MAYAGUEZ PR 00680**

TITLE **D** ☐ Delete
NAME **DEL RIO, HECTOR L**
STREET ADDRESS **5 LUIS DE CELIS ST., URB. HOSTOS**
CITY-ST-ZIP **MAYAGUEZ PR 00680**

TITLE **D** ☐ Delete
NAME **HERNANDEZ, ARNALDO A**
STREET ADDRESS **12206 W. SAMPLE RD.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arnaldo Hernandez 4 Jan. / 2001, (954) 229-7257
Date Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90061 016 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)