

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086425

1. Entity Name

ALE & CARI CORP.

Principal Place of Business

901 PONCE DE LEON BLVD.  
SUITE #601  
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD.  
SUITE #601  
CORAL GABLES FL 33134

2. Principal Place of Business

3641 ESTEPONA AVENUE

3. Mailing Address

3641 ESTEPONA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip  
33178

Country

Zip

33178

Country

4. FEI Number

65-1045072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEGREGO, FRANK J ESQ.  
901 PONCE DE LEON BLVD.  
SUITE #601  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
MONTANARI, ALBERTO  
Street Address (P.O. Box Number is Not Acceptable)  
3641 ESTEPONA AVENUE  
City MIAMI FL Zip Code  
33178

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

ALBERTO MONTANARI - PRESIDENT

04/12/01

Signature typed or printed name of registered agent and file 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 NAME STREET ADDRESS CITY-ST-ZIP	D MONTANARI, ALBERTO 3641 ESTEPONA AVENUE MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTANARI, BRUNA 3641 ESTEPONA AVENUE MIAMI FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID MONTANARI, ALBERTO 3641 ESTEPONA AVENUE MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MONTANARI, BRUNA 3641 ESTEPONA AVENUE MIAMI, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ALBERTO MONTANARI  
PRESIDENT

04/12/01 (305) 477-6492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone If

CR2E034 (10/00)

0162/36

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90248 007 \*\*\*150.00

645594



DO NOT WRITE IN THIS SPACE