

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90072 003 ***150.00

DOCUMENT # P00000092810

1. Entity Name
ALMERIA AND ASSOCIATES FINANCIAL GROUP CORPORATI

Principal Place of Business Mailing Address
1230 NW 157 AVE 1230 NW 157 AVE
PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028

2. Principal Place of Business 3. Mailing Address
1601 N. PALM AVE. 1601 N. PALM AVE.
Suite, Apt. #, etc. Suite, Apt. #, etc.
209 D 209 D
City & State City & State
PEMBROKE PINES FL PEMBROKE PINES FL
Zip Country Zip Country
33026 USA 33026 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1044802** 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

ALMERIA, MISAEL M
1230 NW 157 AVE
PEMBROKE PINES FL 33028

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 DATE **2/28/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT/CEO
MISAEL M. ALMERIA
1601 N. PALM AVE SUITE 209 D
PEMBROKE PINES FL 33026

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

2/28/01 (954) 442-2811
Date Daytime Phone #

CR2E034 (10/00)