2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P0000096269 1. Entity Name ALAND JOSEPH, INC. 05-01-2001 90134 042 ***150.00 Principal Place of Business Mailing Address 3900 NW 79TH AVE SUITE 326 3900 NW 79TH AVE SUITE 326 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address N.W. 29 th NW Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Apolied For Sunn'se ounnse Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33323 33323 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Aland Jaseph CERRO, RAQUEL Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79TH AVE SUITE 326 MIAMI FL 33166 $\mathcal{N}_{*}\mathcal{W}_{*}$ 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be l'ax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE Change T:TLE ☐ Dalete ALAND JOSEPH CERRO, RAQUEL NAME NAME 3900 NW 79TH AVE SUITE 326 STREET ADDRESS STREET ADDRESS 1611 N.W 29th CITY-SI-ZIP **MIAMI FL 33166** CITY - ST - ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete TITLE Change Addition 7171.8 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZiP CITY-ST-ZIP ☐ Delete TYPLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZiP 1171.9 ☐ Delete TITLE Change Add.tien NAME NAME STREET ADDRESS STREET ADDRESS C:TY-ST-ZIP 13. Thereby 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.