2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101755 1. Entity Name ALFONSO FENCE CORP.				Secretary of State 02-27-2002 90007 027 ***150.00			
Principal Place of Business 15895 NW 42 AVE OPA LOCKA FL 33054		Mailing Address 15895 NW 42 AVE OPA LOCKA FL 33054			PILABI KIL BAKK BAKI BAKI BAKI BAKI BAKI	11814 8816 Í ÍABA 38861	1 1
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Nur	^{mber} 65-1052779	- 4	oplied For
Zip	Country	Zip	Country	5. Certific	ate of Status Desired	\$8.75 Add Fee Require	ditional
	6. Name and Address of Current Ro	egistered Agent		7. Name a	and Address of New Registe	red Agent	
ALFONSO, YOEL 15895 NW 42 AVE OPA LOCKA FL 33054 DEPARTM			TO Stop Addits	s (P.O. Box Nur	mber is Not Acceptable)	FL Zip Cod	e
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW After May 1, 20			Registered Agent signature requi	10.	Election Campaign Financing Trust Fund Contribution.	+0.0	0 May Be
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI DP ALFONSO, YOEL 15895 NW 42 AVE OPA LOCKA FL 33054		12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		NS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS- CITY-ST-ZIP	DST LEYVA, BELKIS 15895 NW 42 AVE OPA LOCKA FL 33054	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9-44		☐ Change	☐ Addition
TITLE NAME - STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ د د د د د کره همینه مید	Change	☐ Addition
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	er erwe ja er	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Change	☐ Addition
of the corp	pertify that the information supplied with this on this report or supplemental report is truporation or the receiver or trusted empower or on an attachment with an address, with	ie and accurate and that m ered to execute this report a	v signature shall have the	teame lens! off	lact se it made under eath: the	at Laman officer /	or diroctor

SIGNATURE: X