

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114827

1. Entity Name

ALTO MANAGEMENT COMPANY

Principal Place of Business

2601 SOUTH BAYSHORE DRIVE
SUITE 1200
COCONUT GROVE FL 33133

Mailing Address

2601 SOUTH BAYSHORE DRIVE
SUITE 1200
COCONUT GROVE FL 33133

2. Principal Place of Business

1531 NW 16 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33125

Country

Dade

Zip

Country

4. FEI Number

65-1069461

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

NS CORPORATE SERVICES INC.
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HORN, JOSEPH
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE D ☐ Delete
NAME EICHENWALD, RICARDO
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE D ☐ Delete
NAME HORN, RALPH
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE D ☐ Delete
NAME SLOSBERGAS, NELSON
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE D ☐ Delete
NAME FREEMAN, STEPHEN A
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33133

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

TITLE D ☐ Delete
NAME BEEBE, PETER D
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33133

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

Date

Daytime Phone #

4/13/01 (305) 860-0770



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)