## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

Principal Place of Business

P01000000834

Mailing Address

1. Entity Name

ALONSO HEARING AID, CORP



## **FILED** Mar 24, 2003 8:00 am § Secretary of State 03-24-2003 90651 016 \*\*\*150.00

Suite, Apt. #, etc.  Suite, Apt. #, etc.  City's State  Contry  Zip  Country  Zip  Country  S. Cartificate of Status Desired  S. Name and Address of Current Registered Agent  Name  ALONSO, CARLOS M  983 SW 143 PL  MIAMI FL 33184  City  City  City  Sizeer Address (P.O. Box Number is Not Acceptable)  Signature, spread or critical agent and size if septilisative.  (NOTE: Registered Agent, or both, in the State of Florida. Tam familiar with, and act the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and act the obligations of registered agent agent and size if septilisative.  SIGNATURE  Signature, spread or critical agent and size if septilisative.  (NOTE: Registered Agent spreads when remastered)  PLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Cheeck Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  PSD ALONSO, CARLOS M  STREET ADDRESS  CITY-ST-ZIP  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Deside  TITLE  Deside  TITLE  Cheeck HERE IF MAKING CHANGES  Applied F.  Applied F.  Not Applied F.  Not Spatial Applied F.  Not Applied		ST SUITE 106 65		-	SW 40 ST SUITE 10 I FL 33165	06							
City & State  Country  Country  Country  Country  Country  Country  Country  See Required  See Required  Street Address of New Registered Agent  To Name and Address of New Registered Agent  To Name and Address of New Registered Agent  To Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Name  Street Address of New Registered Agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent.  Signature, Spend or printed name of registered agent and the if applicable.  (#OTE Registered Agent suprature required when reinstating)  DATE  FILE NOW!!! FEE Is \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	2. Principal F	Place of Busine	ess	3. Mai	ling Address					ia <b>ba</b> rra <b>bb</b> arr a	YBUM BAMEN ABABA	IIIII AIAI idal	
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Country   Zip   Country   Sip   Country   Signature strained of Status Desired   \$8.75 Additional Fee Required   Street Address of Name and Address of New Registered Agent   Name   Name   Street Address (P.O. Box Number is Not Acceptable)	City & Sta	te		City	& State			<b>4.</b> ~F	65-1065758	<del></del> -	<u> </u>	plied For-	 e
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ALONSO, CARLOS M 983 SW 143 PL MIAMI FL 33184  City  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. I am familiar with, and act the obligations of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PSD  ALONSO, CARLOS M  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33184  TITLE  Delete  TITLE		6. Name a	and Address of C	urrent Registere	ed Agent			7. N	Name and Address of New Re	egistered /		<del> </del>	7
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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 10 or Block 11 if changed, or on an attachment with an address, with all effect like empowered.

SIGNATURE:

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