

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90129 035 ***158.75

DOCUMENT # P01000006175

1. Entity Name

ALMIRA MANAGEMENT CORP.

Principal Place of Business

**731 NW 201 AVE.
 PEMBROKE PINES FL 33029**

Mailing Address

**731 NW 201 AVE.
 PEMBROKE PINES FL 33029**

2. Principal Place of Business

13358 SW 42 Street

3. Mailing Address

13358 SW 42 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33330

Country

Broward

Zip

33330

Country

Broward

4. FEI Number

65 1072867

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALMIRA, JEAN M
 731 NW 201 AVE.
 PEMBROKE PINES FL 33029**

Address change →

7. Name and Address of New Registered Agent

Name **Jean M Almira**
 Street Address (P.O. Box Number is Not Acceptable)
13358 SW 42 Street
 City **Davie, FL** Zip Code **33330**

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 **Jean Marie Almira**
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/6/2002
 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, 2002 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

TITLE **PTD** ☐ Delete
 NAME **ALMIRA, JEAN M**
 STREET ADDRESS **731 NW 201 AVE.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **VSD** ☐ Delete
 NAME **ALMIRA, MANUEL**
 STREET ADDRESS **731 NW 201 AVE.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **13358 SW 42 Street**
 CITY-ST-ZIP **Davie, FL 33330**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **13358 SW 42 Street**
 CITY-ST-ZIP **Davie, FL 33330**

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

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

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

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 #

Jean Marie Almira **4/6/2002** **4520090**

CR2E034 (9/01)