

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90168 031 ***158.75

DOCUMENT # P01000000 8259

1. Entity Name

ALA-PARIS CORP

DO NOT WRITE IN THIS SPACE

656569

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10920 NW 7th St
Suite, Apt. #, etc.

#601

City & State

MIAMI, FL

Zip

33172

Country

US

3. Mailing Address

10920 NW 7th St
Suite, Apt. #, etc.

#601

City & State

MIAMI, FL

Zip

33172

Country

US

4. FEI Number

65-1077609

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JUSTA FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable)

10920 NW 7th St UNIT 601

City

MIAMI

FL

Zip Code

33172

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
P/D
FERNANDEZ, JUSTA
10920 NW 7th St #601, MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Justa Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02
Date

(941) 213-4260
Daytime Phone #