

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91525 039 \*\*\*150.00

DOCUMENT # **P01000015512**

1. Entity Name  
**ALDA & ASSOCIATES INTERNATIONAL, INC.**

Principal Place of Business <b>9120 BROAD ST          BOCA RATON FL 33434</b>	Mailing Address <b>9120 BROAD ST          BOCA RATON FL 33434</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>15977 BRIER CREEK DR          SUITE 100          DELRAY BEACH FL</b>	3. Mailing Address <b>15977 BRIER CREEK DR          SUITE 100          DELRAY BEACH FL</b>
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4. FEI Number <b>65-1076716</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LAW OFFICE OF JEFFREY L. GREENBERG, P.A.  
 4800 N FEDERAL HWY, STE 304D  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 *David H. Pater*  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D FATER, DAVID H 9120 BROAD ST BOCA RATON FL 33434</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15977 BRIER CREEK DRIVE          DELRAY BEACH, FL 33446</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David H. Pater* *3/15/02* *561 866 9234*