

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90027 030 \*\*\*150.00

916170



DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P01000016844  
**1. Entity Name**  
 ALUGA, INC.

**Principal Place of Business** 6361 PRESIDENTIAL COURT, SUITE B  
 FT. MYERS FL 33919  
**Mailing Address** 6361 PRESIDENTIAL COURT, SUITE B  
 FT. MYERS FL 33919

**2. Principal Place of Business** N/A  
**3. Mailing Address** N/A  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**4. FEI Number** Pending  
 Applied For  
 Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 GAGLIARDI, JOSEPHINE  
 6361 PRESIDENTIAL COURT, SUITE B  
 FT. MYERS FL 33919

**7. Name and Address of New Registered Agent**  
 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 N/A  
 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, 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	PST	<input type="checkbox"/> Delete
NAME	NAVARRO, MARIO JORGE	
STREET ADDRESS	6361 PRESIDENTIAL COURT, SUITE B	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NAVARRO, DANIELA VANESA	
STREET ADDRESS	6361 PRESIDENTIAL COURT, SUITE B	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 1/17/02 (941) 481-4135  
 Date Daytime Phone #

CR2E034 (9/01)