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FILED
May 29, 2002 8:00 am
Secretary of State

03-14-2002 90055 017 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017639

1. Entity Name
D'ALESSANDRO & COMPANY, INC.

Principal Place of Business	Mailing Address
6366 WOODBURY RD BOCA RATON FL 33433	6366 WOODBURY RD BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Seem		3. Mailing Address: Seem	
Suite, Apt. #, etc.		Suite, Apt. #, etc.: Seem	
City & State: Seem		City & State: Seem	
Zip: Seem	Country: Seem	Zip: Seem	Country: Seem

4. FEI Number: 22-3787543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
D'ALESSANDRO, RUBEN — PRESIDENT. 6366 WOODBURY RD BOCA RATON FL 33433	Name: RUBEN D'ALESSANDRO — PRESIDENT Street Address (P.O. Box Number is Not Acceptable): 6366 WOODBURY RD. BOCA RATON FLORIDA 33433 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 [signature] BY PRESIDENT
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RUBEN D'ALESSANDRO - PRESIDENT 6366 WOODBURY RD. BOCA RATON FL. 33433 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] 2/27/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #