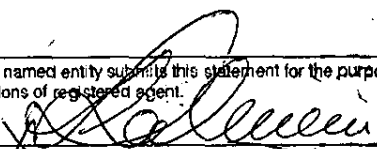
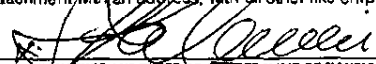


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 27 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017639					
1. Entity Name D'ALESSANDRO & COMPANY, INC.					
Principal Place of Business 131 E PALMETTO PARK RD BOCA RATON, FL 33432			Mailing Address 131 E PALMETTO PARK RD BOCA RATON, FL 33432		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 22-3787543	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent D'ALESSANDRO, RUBEN 6366 WOODBURY RD BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name LILIANA M. SALIMENI Street Address (P.O. Box Number is Not Acceptable) 131 E. PALMETTO PARK ROAD City BOCA RATON FL 33432	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				100024181261 10/27/03 01133 001 **61.25	
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$650.00 Amended UBR# 36125 Make Check payable to the Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ALESSANDRO, RUBEN 6366 WOODBURY RD BOCA RATON, FL 33433 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALIMENI, LILIANA M. ☐ Change ☐ Addition D/P 23425 S.W. 53RD AVE, APT. B BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALIMENI, LILIANA M ☐ Delete 23425 SW 53RD AVENUE, APT. B BOCA RATON, FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			OCTOBER 17, 2003 561-368-0700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (10/02)