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	Mailing Address
131 E PALMETTO PARK RD BOCA RATON, FL 33432	131 E PALMETTO PARK RD BOCA RATON, FL 33432

☐ CHECK HERE IF MAKING CHANGES

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 — Applied For / Not Applicable

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

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 Zip Code 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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

100024181261
10/27/03 01133 001 **61.25

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBRs: $61.25
Make Check Payable to 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. D/P 23425 S.W. 53rd AVE, APT. B BOCA RATON, FL 33432	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALIMENI, LILIANA M 23425 SW 53RD AVENUE, APT. B BOCA RATON, FL 33428	☐ 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 (10/02)

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: [signature] OCTOBER 17, 2003 561-368-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #