

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91088 010 \*\*\*150.00

**DOCUMENT # P01000018248**

1. Entity Name

**ALFRED FAELLA, INC.**

**DO NOT WRITE IN THIS SPACE**

**90054091**

2. Principal Place of Business  
**1674 Gould Avenue**

3. Mailing Address  
**1674 Gould Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Palm Bay, FL**

City & State  
**Palm Bay, FL**

4. FEI Number  
**59-3699295**

Applied For  
Not Applicable

Zip  
**32907**

Country  
**USA**

Zip  
**32907**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Alfred Faella**

Street Address (P.O. Box Number is Not Acceptable)

**1674 Gould Avenue**

City **Palm Bay**

**FL**

Zip Code  
**32907**

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

**Alfred Faella, Registered Agent**

**3/13/03**

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)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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/P/S/T Faella, Alfred 1674 Gould Avenue, Palm Bay, FL 32907</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Alfred Faella*

**Alfred Faella, President**

**3/13/03**

**321-768-2919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1 Daytime Phone # 1-800-352-3333

CR2E034B (12/01)

**DO NOT WRITE  
IN THIS SPACE**