

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**  
 03-26-2002 90031 006 \*\*\*158.75

**DOCUMENT # P01000019264**

1. Entity Name  
**ALFRAMA SERVICES, INC.**

Principal Place of Business

~~701 BRICKELL AVENUE~~  
~~SUITE 3000~~  
~~MIAMI FL 33131~~

Mailing Address

~~701 BRICKELL AVENUE~~  
~~SUITE 3000~~  
~~MIAMI FL 33131~~

2. Principal Place of Business

**12060 SW 131 AVE**  
 Suite, Apt. #, etc.  
**# 7**

3. Mailing Address

**12060 SW 131 AVE**  
 Suite, Apt. #, etc.  
**# 7**

City & State

**Miami, FL**

City & State

**Miami, FL**

Zip

**33186**

Country

**DADE**

Zip

**33186**

Country

**DADE**

4. FEI Number

**522303287**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVENUE**  
**SUITE 3000**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **LEON FRANCO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15096 SW 104 ST.**  
**Apt. 1105**  
 City **Miami** **FL** Zip Code **33196**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/15/02**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>LEON FRANCO</b>	<b>15096 SW 104 ST.</b>	<b>Apt. 1105</b>		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/15/02**

Daytime Phone #

CR2E034 (9/01)