

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-13-2003 90092 024 \*\*\*150.00  
P01000020403

DOCUMENT # P01000020403



1. Entity Name  
**ALSTI Inc.**

Principal Place of Business  
2900 W. SAMPLE ROAD  
NOOTH 5315-CARNIVAL  
POMPANO BEACH FL 33073

Mailing Address  
3743 NW 63RD COURT  
COCONUT CREEK FL 33073

03 JAN 22 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
**2900 W. Sample Rd.**

Suite, Apt. #, etc.  
**booth 5315 CARNIVAL**

City & State  
**Pompano Beach**

Zip  
**33073**

Country  
**FL, USA**

3. Mailing Address  
**5521 N. Winston Park Blvd**

Suite, Apt. #, etc.  
**# 305**

City & State  
**Coconut Creek, FL**

Zip  
**33073**

Country  
**USA**

4. FEI Number  
**65-1080808**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LESOR-SWED, ELENA**  
**LESOR-Swed Elena**  
3743 NW 63RD COURT  
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name  
**Lesor-Swed Elena**  
Street Address (P.O. Box Number is Not Acceptable)  
**5521 N. Winston Park Blvd**  
**# 305**  
City  
**Coconut Creek** FL Zip Code  
**33073**

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

*Lesor*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/8/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LESOR-SWED, ELENA</b> <b>3743 NW 63RD COURT</b> <b>COCONUT CREEK FL 33073</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Elena Lesor</b> <b>5521 N. Winston Park Blvd #305</b> <b>Coconut Creek, FL 33073</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/03**

Date

**954-9787639**

Daytime Phone #

CR2E034 (10/02)