## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Sep 03, 2002 8:00 am Secretary of State P01000028559 DOCUMENT # 1. Entity Name 09-03-2002 90165 023 \*\*\*150.00 EXPRESSIONS BY ALINA, INC. Principal Place of Business Mailing Address 4779 COLLINS AVENUE NO 1504 4779 COLLINS AVENUE NO 1504 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1127396 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent CORONADO, NESTOR Street Address (P.O. Box Number is Not Acceptable) 7360 CORAL WAY SUITE 21 MIAMI FL 33155 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition Delete TITLE Change CENDOYA, ALINA I NAME NAME STREET ADDRESS 4779 COLLINS AVENUE NO 1504 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CENDOYA, CARLOS NAME NAME STREET ANDRESS 4779 COLLINS AVENUE NO 1504 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CENDOYA, CHRISTIE A STREET ADDRESS 4779 COLLINS AVENUE NO 1504 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Attachment 124878

## Expressions by Alina, Inc.

Alina Cendoya President 4779 Collins Avenue #1504 Miami Beach, FL 33140 (305) 532-1774

August 29, 2002

Florida Department of State Division of Corporations Uniform Business Report P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Request to Waive Late Fee

Uniform Business Report
Document #P01000028559

Expressions by Alina, Inc.

## To Whom It May Concern:

I am reporting that my corporation did not receive a prior notice and therefore request that the late fee be waived. This is our first required filing, as we were a new corporation in 2001.

I am including the completed UBR along with a \$150.00 fee for the original filing amount. Please advise if this is unacceptable or if any additional information is required.

Sincerely,

Alina I. Cendoya

President

Expressions by Alina, Inc.