

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 90900 002 ***150.00

DOCUMENT # P01000033116

1. Entity Name
ALS FLORIDA ENTERPRISES CORPORATION

Principal Place of Business **Mailing Address**
1621 NW 46TH STREET **1621 NW 46TH STREET**
TAMARAC FL 33309 **TAMARAC FL 33309**

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 ☒ **Applied For**
52-2299705 ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

SAAVEDRA, ANA MILENA
1621 NW 46TH STREET
TAMARAC FL 33309

7. Name and Address of New Registered Agent

Name **JORGE E. OYARCE**
Street Address (P.O. Box Number is Not Acceptable)
C/O JE OYARCE & ASSOCIATES
199 SW 12th AVENUE, SUITE 11
City **MIAMI** **FL** **Zip Code** **33130-1056**

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 **JORGE E. OYARCE** **4/22/02**
Signature: typed or printed name 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) ☐

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 **p/s/T** ☐ **Delete**
NAME **SAAVEDRA, ANA MILENA**
STREET ADDRESS **1621 NW 46TH STREET**
CITY-ST-ZIP **TAMARAC, FL 33309**

TITLE ☐ **Delete**
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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CITY-ST-ZIP

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 another like empowered.

SIGNATURE: **ANA M SAAVEDRA** **4/22/02** **305-324-2248**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)