FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90065 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000033871 ✓

1. Entity Name
ALDAFO GROUP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15181 N.W. 1 street	15181 N.W. 1 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines. FL	City & State: Pembroke Pines. FL
Zip: 33028 Country: USA	Zip: 33028 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — ✓ Applied For / Not Applicable

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: ALADE AFOLABI
Street Address (P.O. Box Number is Not Acceptable)
City: PEMBROKEPINES FL Zip Code: 33028

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: aladeafolabi
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	ALADE AFOLABI PRESIDENT 15181 N.W. 1 street PEMBROKEPINES. FL 33028
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: aladeafolabi 4/28/02 (954)435-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #