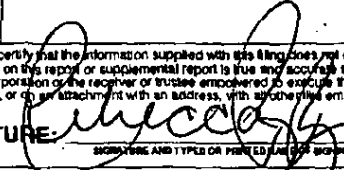


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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 24 PM 2:11

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000046437			
1. Entity Name ALMUC CORPORATION			
Principal Place of Business 17 LENAPE DRIVE MIAMI SPRINGS, FL 33166 US		Mailing Address 17 LENAPE DRIVE MIAMI SPRINGS, FL 33166 US	
2. Principal Place of Business SUN, APT #, etc.		3. Mailing Address SUN, APT #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent PEREZ BAEZ, REBECCA 17 LENAPE DRIVE MIAMI SPRINGS, FL 33166		4. FEI Number ☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typewritten printed name of registered agent must also be applicable. (NOTE: Registered Agent's Signature Required when constituting)			
FILING NOW IN FEES \$150.00 ATTN: MAY 1, 2003 Fee will be \$450.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete NAME PEREZ BAEZ, REBECCA STREET ADDRESS 17 LENAPE DRIVE CITY-ST-ZIP MIAMI SPRINGS, FL 33166		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 in an attachment with an address, with authority empowered.			
SIGNATURE 		c/1/20/03	
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Original Filing Fee	

90129063



☐ CHECK HERE IF MAKING CHANGES

042E034 (10/02)