2002 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2002 8:00 am Secretary of State **BOCUMENT** # P01000055236 1. Entity Name 09-12-2002 90086 018 ***158.75 A.A.L. CONSULTING CORPORATION Principal Place of Business Mailing Address 16513 TURQUOISE TRAIL 16513 TURQUOISE TRAIL DOTALAAA WESTON; FL 33331 WESTON, FL 33331 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 Appliea For Not Applicable <u>65–1111595</u> Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOZANO, ANDRES A Street Address (P.O. Box Number is Not Acceptable) 16513 TURQUOISE TRAIL WESTON, FL 33331 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ialia Navan iaaa ka Gjanon Ana la ya Laos Iagorilliaa Galgori Ana Garak ayaana Paganano Wagan 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. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PTD ☐ Delete TITLE Change Addition NAME LOZANO, ANDRES A NAME STREET ADORESS STREET ADDRESS 16513 TURQUOISE TRAIL CITY-ST-ZIP CITY - ST - ZIP WESTON, FL 33331 TITLE ☐ Delete ☐ Change Aud:tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Adoition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Oelete TITLE Change noition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addation | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an otherwise empowered.

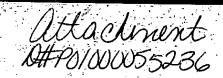
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

de Dayume Prione z

ANDRESA-LOZANO

FILED





Accounting & Tax Service, Inc.

September 10, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: A.L.L. Consulting Corporation

Document no. P01000055236

2002 Annual Report/Uniform Business Report

Dear Sir or Madam:

Enclosed please find:

1) Original Uniform Business Report 2002

2) A check payable to the Department of State in the amount of \$158.75.

We are respectfully requesting abatement of the penalties since the above corporation did not received the form at the time to file the report. It was the first year of operation.

Please review the above circumstances and abate the penalty fee as Mr. Lozano acted in good faith to try and comply with the law and he has made a commitment to make the payment of renewal timely in the future.

We thank you in advance for your cooperation in this matter and ask, if you need additional information do not hesitate to call or contact us at your earliest convenience.

Sincerely,

Accountant

Andres A. Lozane

President