

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

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90124 017 \*\*\*150.00

DOCUMENT # P01000055265

1. Entity Name

A & L EXECUTIVE OFFICES CORP. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

579 LAKEVIEW DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, DEL. 33140

Zip

Country

City & State

Zip

Country

4. FEI Number

65-111120

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

VICTOR RAMS JR

Street Address (P.O. Box Number is Not Acceptable)

5840 WEST FLAGLER ST #1

City MIAMI

FL

Zip Code  
33144

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

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  
D  
CELIA LOBAINA  
579 LAKEVIEW DR M BEACH FL 33140

TITLE  
NAME  
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**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CELIA LOBAINA

7/9/02

305-861-8581

Date

Daytime Phone #

CR2E034B (12/01)

Attachment PO1000088265  
12/5/34

July 10, 2002

Department of State  
Division of Corporations  
Tallahassee, Florida

Subject: A & L Executive Offices Corp..

To Whom It May Concern:

We have not received back the annual business report for the 2002 year. We apologize for any inconvenience this may have caused. An error occurred in our mailing address which affected all of our correspondence. Our correct address is 579 Lakeview Dr. Miami Beach, Florida 33140

Thank you very much for your cooperation.

Sincerely,



Celia Lobaina  
President