

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

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90490 007 \*\*\*150.00

DOCUMENT # *P01000055319*

1. Entity Name

*ALINE REPTILES, INC*



**DO NOT WRITE IN THIS SPACE**

**94063360**

2. Principal Place of Business

*36490 SW 192 Ave.*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*SAME*

DO NOT WRITE IN THIS SPACE

City & State

*Florida City FL*

City & State

4. FEI Number

*651114530*

Applied For

Not Applicable

Zip

Country

*33034*

Zip

Country

5. Certificate of Status Desired

*AL*

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

*ALINE R. AZAD + KARLAM*

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

*36490 SW 192 Ave. AZAD*

City

*Florida City, FL*

FL

Zip Code

*33034*

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<i>ALINE R. AZAD</i>
NAME	<i>36490 S.W. 192 Ave.</i>
STREET ADDRESS	<i>Florida City, FL 33034</i>
CITY-ST-ZIP	
TITLE	<i>KARLAM AZAD</i>
NAME	<i>36490 S.W. 192 Ave.</i>
STREET ADDRESS	<i>Florida City, FL 33034</i>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*[Signature]* *ALINE R. AZAD* *04/19/04* *246-1981*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)