

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90377 001 ***150.00

DOCUMENT # P01000055851

1. Entity Name

ALIEN LABOR CERTIFICATION CONSULTANT CO., INC.

Principal Place of Business

7101 SW 111 COURT
 MIAMI FL 33173

Mailing Address

7101 SW 111 COURT
 MIAMI FL 33173

00127330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

59-3727420

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEBAZCO, RAUL G
 119 CADIZ ST., #13
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **RAUL G. SEBAZCO**

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

14819 SW 82 TER.

City **MIAMI**

FL

Zip Code **33193**

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, 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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **SEBAZCO, RAUL G**
 STREET ADDRESS **119 CADIZ ST., #13**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☐ Addition
 NAME **RAUL G. SEBAZCO**
 STREET ADDRESS **14819 SW 82 TER**
 CITY-ST-ZIP **MIAMI, FL 33193**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL SEBAZCO

Date

Daytime Phone #

7/2/02 305-528-0123

CR2E034 (4/02)

Attachment
Doc. # P01000055851 60127950

July 2, 2002

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

RE: Alien Labor Certification Consultant Co., Inc.
P01000055851

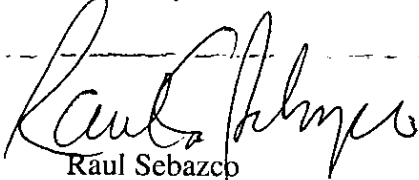
To Whom It May Concern:

As per our telephone conversation with your agent, we are writing to you to request a one-time waiver to renew the above corporation, along with a \$150 payment for the year 2002, as instructed.

As stated to your agent, we received for the first time the 2002 Uniform Business Report yesterday. Since our business was opened last June, I was unaware this fee or report existed.

We would appreciate any help you can provide. Thanking you for your consideration.

Sincerely,



Raul Sebazco
President