

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90556 018 ***158.75

DOCUMENT # P01000057448

1. Entity Name
ALAMO FINANCIAL CORP.



Principal Place of Business
**6447 MIAMI LAKES DR. #220
MIAMI LAKES FL 33014**

Mailing Address
**6447 MIAMI LAKES DR. #220
MIAMI LAKES FL 33014**

70013333



2. Principal Place of Business
7950 NW 155 STREET

3. Mailing Address
7950 NW 155 STREET

Suite, Apt. #, etc.
SUITE 205

Suite, Apt. #, etc.
SUITE 205

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

4. FEI Number
65-1125235

Applied For
Not Applicable

Zip
33016

Country
USA

Zip
33016

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MICHAEL ALAMO, JOSEPH
6447 MIAMI LAKES DR. #220
MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

Name
JOSEPH M. ALAMO
Street Address (P.O. Box Number is Not Acceptable)
**7950 NW 155 STREET
SUITE 205**
City
MIAMI LAKES FL Zip Code
33016

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 **JOSEPH M. ALAMO**

01.15.2003

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL ALAMO, JOSEPH 6447 MIAMI LAKES DR. #220 MIAMI LAKES FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALAMO, JOSEPH MICHAEL 7950 NW 155 STREET, SUITE 205 MIAMI LAKES, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH M. ALAMO

Date

Daytime Phone #

01.15.2003 305-3625141

CP2E034 (10/02)