

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

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90163 037 ***150.00

DOCUMENT # **P01000058109**

1. Entity Name

M & J ALFONSO CORPORATION

DO NOT WRITE IN THIS SPACE

124764

2. Principal Place of Business

5361 NW 201ST ST

Suite, Apt. #, etc.

3. Mailing Address

5361 NW 201ST ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-1112178

Applied For

Not Applicable

Zip

33055

Country

USA

Zip

33055

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALFONSO JULIO

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

5361 NW 201ST ST

City

MIAMI

FL

Zip Code

33055

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/20/02

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	DPT
NAME	ALFONSO JULIO
STREET ADDRESS	5361 NW 201ST
CITY- ST- ZIP	MIAMI FL 33055
TITLE	DUS
NAME	MAURENCE MAYRA
STREET ADDRESS	5361 NW 201ST
CITY- ST- ZIP	MIAMI FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	

**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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DPT

8/20/02 (305)6244603

Date

Daytime Phone

CR2E034B (12/01)

Attachment

**M & J ALFONSO CORPORATION
5361 NW 201ST STREET
MIAMI, FLORIDA 33055**

August 20, 2002

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

REF: M & J ALFONSO CORPORATION
DOCUMENT#: P01000058109

Dear Sir or Madam:

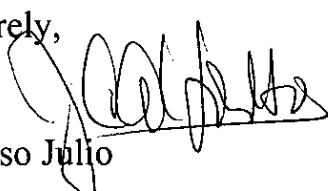
Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,


Alfonso Julio

AJ/re