

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90294 015 ***150.00

DOCUMENT # P01000062401

1. Entity Name
A.L.M. ALL SERVICES, INC.

Principal Place of Business

**1548 BRICKELL AVENUE
 MIAMI FL 33128**

Mailing Address

**1548 BRICKELL AVENUE
 MIAMI FL 33128**

2. Principal Place of Business

**5975 N FEDERAL HIGHWAY
 Suite, Apt. #, etc. 109**

3. Mailing Address

**5975 N. FEDERAL HWY
 Suite, Apt. #, etc. 109**

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

Zip

33308

Country

FL

Zip

33308

Country

FL

4. FEI Number

65-1117948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MANCA, MARCELLA
 1548 BRICKELL AVENUE
 MIAMI FL 33128**

7. Name and Address of New Registered Agent

Name **ALESSANDRA RUOSPO**
 Street Address (P.O. Box Number is Not Acceptable)
5975 N FEDERAL HIGHWAY
 City **FT LAUDERDALE** FL Zip Code **33308**

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

Alessandra Ruospo **ALESSANDRA RUOSPO** **4/29/02**
 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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 NAME STREET ADDRESS CITY-ST-ZIP | D RUOSPO, ALESSANDRA CORSO ORBASSANO 220 10137 TORINO, ITALY <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERRONI, GIANLUCA CORSO ORBASSANO 220 10137 TORINO, ITALY <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: GIANLUCA BERRONI *Gianluca Berroni* **PRESIDENT** **4/29/02** **(954) 772-0121**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR003
 AV

CR2E034 (9/01)