

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90126 036 ***158.75

DOCUMENT # P 01000100135

1. Entity Name

ALESSANDRO, CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23680 Walden Center Drive

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 310

UNIT 310

City & State

City & State

Bonita Springs, FL

Bonita Springs, FL

Zip

Zip

34134

Country

Lee

Country

Lee

4. FEI Number

59-3752077

☒ Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SPIEGEL+UTRERA P.A.

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

1940 SW 22ND ST.

4TH FLOOR

City

MIAMI

FL

FL

Zip Code

33145

**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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
KALEYTA HANS A
23680 Walden Center Drive
Bonita Springs, FL 34134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
KALEYTA RAJHA S
23680 Walden Center Drive
Bonita Springs, FL 34134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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: KALEYTA Kaleyta

04-25-03

Date

239-9491299

Daytime Phone #

CR2E034B (12/02)