

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

03-13-2002 90049 017 ***158.75

DOCUMENT # P01000113138

1. Filing Name

ALAIN ELECTRIC CORP.

2. Principal Place of Business

**290 NW 63 AVE
 MIAMI FL 33126**

3. Mailing Address

**290 NW 63 AVE
 MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

State, Apt. # etc.

State, Apt. # etc.

City & State

City & State

4. FEI Number

05-1157870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VENTURA, ALAIN
 290 NW 63 AVE
 MIAMI FL 33126**

Name

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

City

FL

Zip Code

8. The filer certifies that the filer submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida.

SIGNATURE

DATE

9. The filer certifies that the filer is filing this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11.1 NAME STREET ADDRESS CITY-STATE-ZIP	DP VENTURA, ALAIN 290 NW 63 AVE MIAMI FL 33126	☐ Delete	12.1 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11.2 NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	12.2 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11.3 NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	12.3 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11.4 NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	12.4 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11.5 NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	12.5 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11.6 NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	12.6 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11.7 NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	12.7 NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 included 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:

[Handwritten Signature]

2-22-2002

(786) 271 1719