

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90364 011 \*\*\*150.00

**DOCUMENT # P01000116179**

1. Entity Name

**ALONSO & SHECKELS CORPORATION**

Principal Place of Business

**15521 MORNING DRIVE  
LUTZ FL 33559**

Mailing Address

**15521 MORNING DRIVE  
LUTZ FL 33559****40490**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**71-0864594**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ALONSO, ANA R  
15521 MORNING DRIVE  
LUTZ FL 33559**

Name

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

City

**FL**

Zip Code

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

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>ALONSO, ANA R</b>	
STREET ADDRESS	<b>15521 MORNING DRIVE</b>	
CITY-STATE-ZIP	<b>LUTZ FL 33559</b>	

TITLE	<b>Vice-President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIEGO LOZANO</b>	
STREET ADDRESS	<b>3114 McFarland Rd.</b>	
CITY-STATE-ZIP	<b>Tampa, FL 33618</b>	

TITLE	<b>DVS</b>	<input type="checkbox"/> Delete
NAME	<b>SHECKELS, MARIA D</b>	
STREET ADDRESS	<b>3114 MCFARLAND RD</b>	
CITY-STATE-ZIP	<b>TAMPA FL 33618</b>	

TITLE	<b>Treasure</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAFAEL E. ALONSO</b>	
STREET ADDRESS	<b>15413 Morning Dr.</b>	
CITY-STATE-ZIP	<b>Lutz FL 33559</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARIA D. SHECKELS</b>	
STREET ADDRESS	<b>3114 McFarland Rd.</b>	
CITY-STATE-ZIP	<b>Tampa, FL 33618</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/02/02 (813) 910.8064**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
DOC# P01000116179 / 40496


FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
Tallahassee, Florida 32314

Re.: 2002 UNIFORM BUSINESS REPORT

Dear Sirs:

This is to inform that on date June 29 I have received the 2002 Uniform Business Report for ALONSO & SHECKELS CORPORATION. P01000116179  
This is the first notice received by me at this address.

The corporation was opened recently. Following the instructions I was given by phone, as stated in (8), we kindly request the waiving of the late fee.  
Enclosed is a check for the amount of US\$150.00.  
Thanking you in advance for your consideration.

  
Ana R. Alonso  
15521 Morning Drive  
Lutz, Florida 33559  
Agent.