

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91146 008 \*\*\*150.00

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


DOCUMENT # **P01000117177**  
 1. Entity Name  
**ALLIANCE INSTITUTE, INC.** ✓

666585

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3933 PALLADIUM CLUB ROAD</b>		3. Mailing Address		4. FEI Number <b>800021740</b>		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State <b>BOYNTON BEACH, FL</b>		City & State <b>SAME</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
Zip <b>33436</b>	Country <b>USA</b>	Zip	Country			

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>KEITH R. FINGERHUT</b>	
	Street Address (P.O. Box Number is Not Acceptable)	
	City <b>FL</b>	Zip Code

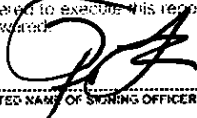
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE  **KEITH R. FINGERHUT** DATE **4-26-02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is <b>\$150.00</b> After May 1, Fee is <b>\$350.00</b> Amended UBR is <b>\$61.25</b> Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE <b>PRESIDENT</b>	NAME <b>KEITH R. FINGERHUT</b>	TITLE	NAME
STREET ADDRESS <b>3933 PALLADIUM CLUB ROAD</b>	CITY-ST-ZIP <b>BOYNTON BEACH, FL 33436</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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)(f), 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 like empowered.

SIGNATURE:  **KEITH FINGERHUT, PRESIDENT** DATE **4/26/02**  
 561-602-2165

CR2EG34B (12/01)