

04-28-2003 91328 009 \*\*\*150.00

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

**DOCUMENT # P0200007099**

1. Entity Name  
**ALICIA QUAINI CORPORATION**



Principal Place of Business  
 10630 SW 99 TERR  
 MIAMI, FL 33176

Mailing Address  
 10630 SW 99 TERR  
 MIAMI, FL 33176



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**03-0379374**

Applied For  
 Not Applicable

Zip

County

Zip

County

6. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**ZAJAC, ALEJANDRO  
 3750 W FLAGLER ST  
 MIAMI, FL 33134**

Name

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

City

**FL**

Zip Code

**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

If registrant, register preparer, name of registered agent and UBR preparer

(NOTE: Registered Agent Signature required when making)

DATE

9. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**QUAINI, ALICIA**  
**10630 SW 99 TERR**  
**MIAMI, FL 33176**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**ALMONTE, ILICH**  
**10630 SW 99 TERR**  
**MIAMI, FL 33176**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE

*[Handwritten Signature]*

PRINT NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/03**

DATE

PRINT NAME

CR20034 (10/02)