

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90237 035 ***150.00

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1. Entity Name

ALWAYS SOLUTIONS CORPORATION



Principal Place of Business

-2699 COLLINS AVE.
SUITE 110
MIAMI BEACH, FL. 33140

Mailing Address

2699 COLLINS AVE.
SUITE 110
MIAMI BEACH, FL. 33140

2. Principal Place of Business

9630 FONTAINEBLEAU BLVD,

3. Mailing Address

9600 FONTAINEBLEAU BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10025265



☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL. 33172

City & State
MIAMI, FL. 33172

4. FEI Number
01-0612864

Applied For
Not Applicable

Zip
Country
DADE

Zip
Country
DADE

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

MARCUZZO, SANDRA
5600 COLLINS AVE.
MIAMI BEACH, FL. 33140

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MARCUZZO, SANDRA	2699 COLLINS AVE. # 110	MIAMI BEACH, FL. 33140	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	MARCUZZO, SANDRA	5600 COLLINS AVE.	MIAMI BEACH, FL. 33140	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 Block 11 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

02-15-03

Date

Daytime Phone #

CR2E034 (10/02)