

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90098 016 \*\*\*150.00

**DOCUMENT # P02000017582**

**1. Entity Name**  
**ALENE ENTERPRISES, CORP**



**Principal Place of Business**  
6860 SOUTHGATE BLVD. #6  
TAMARAC FL 33321

**Mailing Address**  
6860 SOUTHGATE BLVD. #6  
TAMARAC FL 33321



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**  
2820 Somerset Dr.  
Suite, Apt. #, etc.  
411

**3. Mailing Address**  
2820 Somerset Dr.  
Suite, Apt. #, etc.  
411

**City & State**  
Lauderdale Lakes, FL  
**Zip**  
33311  
**Country**

**City & State**  
Lauderdale Lakes, FL  
**Zip**  
33311  
**Country**

**4. FEI Number**  
02-0553126  
**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**OLIVEIRA, NELSON**  
6860 SOUTHGATE BLVD. #6  
TAMARAC FL 33321

**7. Name and Address of New Registered Agent**

**Name**  
Oliveira, Nelson  
**Street Address (P.O. Box Number is Not Acceptable)**  
2820 Somerset Dr. # 411  
**City**  
Lauderdale Lake  
**FL** **Zip Code**  
33311

**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** *Nelson Oliveira*  
Signature typed or printed name of registered agent and title if applicable.

**NELSON OLIVEIRA / PRESIDENT**

**03/04/03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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:** *Nelson Oliveira*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/04/03 (1954) 675-4868**  
Date Daytime Phone #

CR2E034 (10/02)