2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90326 049 ***150.00

DOCUMENT # P02000049626

1. Entity Name
ALOUR INVESTMENTS CORP

Principal Place of Business	Mailing Address
1001 - 91 STREET APT 211 BAY HARBOR ISL, FL 33154	P O BOX 190935 MIAMI BEACH, FL 33119-0935

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5750 Collins Ave	P O Box 190935
Suite, Apt. #, etc. 3F	Suite, Apt. #, etc. 1
City & State: Miami Bch	City & State: Miami Bch FL
Zip: 33140 Country: DADE	Zip: 33119 Country: DADE

4. FEI Number 010705854 ☐ Applied For ☐ Not Applicable

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
GOMEZ, LOURDES M 1001 - 91 STREET UNIT 211 BAY HARBOR ISL, FL 33154	Name: Lourdes M. Gomez Street Address (P.O. Box Number Is Not Acceptable): ~~P O~~ 5750 Collins Ave #3F City: Miami Beach FL Zip Code: 33140

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: Lourdes M. Gomez 04/30/03
(Signature of new 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	P GOMEZ, LOURDES M P O BOX 190935 MIAMI BEACH, FL 331190935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RAVELO, ALEJANDRO P O BOX 190935 MIAMI BEACH, FL 331190935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Secretary Jessica Andino 1545 Lenox Ave unit 6 miami Bch Florida 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Lourdes M. Gomez 04/30/03 786-223-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #