

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

9/8/2003-90127-003-\$550.00-\$550.00

0112170 AV

**DOCUMENT # P02000058493**

1. Entity Name  
**ALFAROM INC.**



03 SEP 26 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1024 ALTOONA AVE  
SPRING HILL FL 34609**

Mailing Address  
**1024 ALTOONA AVE  
SPRING HILL FL 34609**



2. Principal Place of Business

3. Mailing Address  
**21600 ALTAMIRA AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**BOCA RATON, FL**

4. FEI Number

**54-2073279**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33433**

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

**MAGDALINIS, IONEL  
1024 ALTOONA AVE  
SPRING HILL FL 34609**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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  
**D  
MAGDALINIS, IONEL  
1024 ALTOONA AVE  
SPRING HILL FL 34609** ☐ 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

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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)(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

**7/25/03 (561) 362-8654**

Date

Daytime Phone #

CR2E034 (4/03)