

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91791 033 \*\*\*150.00

**DOCUMENT # P02000071320**

**1. Entity Name**  
**ALF CONTRACTORS CORPORATION**



**Principal Place of Business**  
**12859 57TH RD NORTH**  
**ROYAL PALM BEACH FL 33411**

**Mailing Address**  
**12859 57TH RD NORTH**  
**ROYAL PALM BEACH FL 33411**

**2. Principal Place of Business**  
**12859 57th Rd N. RPB. FL. 33411**

**3. Mailing Address**  
**12859 57th Rd N RPB. FL. 33411**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Royal Palm Beach FL.**

**City & State**  
**Royal Palm Beach FL.**

**4. FEI Number**  
**22 386 5219**

**Applied For**  
**Not Applicable**

**Zip**  
**33411**

**Country**  
**Palm Beach**

**Zip**  
**33411**

**Country**  
**Palm Beach**

**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**

**SPEEDY PARALEGAL SERVICES INC**  
**6430 W 24TH CT**  
**HIALEAH, FL 33016**

**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** *Laura Salgado* **LAURA SALGADO**

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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

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

**TITLE** **P** ☐ Delete  
**NAME** **SALGADO, LAURA**  
**STREET ADDRESS** **12859 57TH RD NORTH**  
**CITY-ST-ZIP** **ROYAL PALM BEACH FL 33411**

**TITLE** **VP** ☐ Change ☒ Addition  
**NAME** **SALGADO, ANDRES**  
**STREET ADDRESS** **12859 57th Rd North**  
**CITY-ST-ZIP** **Royal Palm Beach FL. 33411**

**TITLE** **NP** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

*Laura Salgado* **LAURA SALGADO** 4/29/03 (561) 798-9425

CR2E034 (10/02)