


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

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90137 023 \*\*\*150.00  
09-02-2003 90190 004 \*\*\*558.75

<b>DOCUMENT #</b> P 02000089937	
<b>1. Entity Name</b> ALHCO BUSINESS GROUP INC.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3501 South Congress Ave.	<b>3. Mailing Address</b> 3501 South Congress Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Palm Springs, Florida	<b>City &amp; State</b> Palm Springs, Florida	<b>4. FEI Number</b> 01-0742056	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33461	<b>Country</b> Palm Beach	<b>5. Certificate of Status Desired</b> <b>XX</b>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

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

<b>Name</b> Jose A. Villarreal
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 6281 SW 163 Ct.
<b>City</b> Miami
<b>State</b> FL
<b>Zip Code</b> 33193

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ **DATE** \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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> NAME STREET ADDRESS CITY - ST - ZIP	Jose A. Villarreal President 6281 SW 163 Ct. Miami, Fl. 33193	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Jose Rafael Cojulun(Vice-President) 11781 SW 92 Lane Miami, Fl. 33186	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Sabina Cojulun Treasurer 6281 SW 163 Ct. Miami, Fl. 33193	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Jose A. Villarreal  **8-26-03** **(305) 3025523**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/02)