

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90126 013 \*\*\*158.75

**DOCUMENT # P02000110905**

**1. Entity Name**  
**THE DEALERS ALTERNATIVE INC.**



**Principal Place of Business**  
**910 BRIT COURT**  
**UNIT 172**  
**ALTAMONTE SPRINGS FL 32703**

**Mailing Address**  
**14101 S.W. 62 ST.**  
**MIAMI FL 33183**

**33000305**



**2. Principal Place of Business**  
*910 Britt court*  
Suite, Apt. #, etc.  
*Unit 172*

**3. Mailing Address**  
*910 Britt court*  
Suite, Apt. #, etc.  
*Unit 172*

**City & State**  
*Altamonte springs, FL*  
Zip  
*32701*  
Country  
*USA*

**City & State**  
*Altamonte springs, FL*  
Zip  
*32701*  
Country  
*USA*

**4. FEI Number**  
*56-2297400*

**Applied For**  
☐ Not Applicable

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

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

**GUTIERREZ, GERMAN A**  
**14101 S.W. 62 ST**  
**MIAMI FL 33183**

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

**Name** *German A Gutierrez*  
**Street Address (P.O. Box Number is Not Acceptable)**  
*351 Allison Ave.*  
**City** *Longwood* **FL** **Zip Code** *32750*

**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]* **DATE** *11/31/03*

**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**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PINEDO, JOSE A</b>	
<b>STREET ADDRESS</b>	<b>18135 S.W. 95 CT.</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33157</b>	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GUTIERREZ, GERMAN A</b>	
<b>STREET ADDRESS</b>	<b>14101 S.W. 62 ST</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33183</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>PINEDO, ALEJANDRO J</b>	
<b>STREET ADDRESS</b>	<b>18135 S.W. 95 COURT</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33157</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GUTIERREZ, PAOLA E</b>	
<b>STREET ADDRESS</b>	<b>14101 S.W. 62 ST.</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33183</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Pinedo, Jose A</b>	
<b>STREET ADDRESS</b>	<b>351 Allison Ave.</b>	
<b>CITY-ST-ZIP</b>	<b>Longwood FL 32750</b>	
<b>TITLE</b>	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Gutierrez, German A</b>	
<b>STREET ADDRESS</b>	<b>351 Allison Ave.</b>	
<b>CITY-ST-ZIP</b>	<b>Longwood FL 32750</b>	
<b>TITLE</b>	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Pinedo, Alejandro J</b>	
<b>STREET ADDRESS</b>	<b>351 Allison Ave.</b>	
<b>CITY-ST-ZIP</b>	<b>Longwood, FL 32750</b>	
<b>TITLE</b>	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Gutierrez, Paola E</b>	
<b>STREET ADDRESS</b>	<b>351 Allison Ave.</b>	
<b>CITY-ST-ZIP</b>	<b>Longwood, FL 32750</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Alejandro Pinedo* **REQUIRED** *11/31/03* *407-265-1733*

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

**Date**

**Daytime Phone #**

CR2E034 (10/02)