

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90169 042 \*\*\*158.75

**DOCUMENT # P02000113588**

1. Entity Name

**ALEGRE CONSULTING, INC.**



Principal Place of Business  
**6400 NORTH ANDREWS AVENUE  
SUITE 320  
FORT LAUDERDALE FL 33309**

Mailing Address  
**6400 NORTH ANDREWS AVENUE  
SUITE 320  
FORT LAUDERDALE FL 33309**

**55041233**



2. Principal Place of Business  
**4085 Poinciana Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**4085 Poinciana Avenue**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**41-2064853**

Applied For  
☐ Not Applicable

Zip  
**33133** Country  
**Miami-Dade**

Zip  
**33133** Country  
**Miami-Dade**

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

6. Name and Address of Current Registered Agent

**LAWRENCE, DAVID R  
6400 NORTH ANDREWS AVENUE  
SUITE 320  
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

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 \$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

TITLE  
NAME **D** ☒ Delete  
STREET ADDRESS **LAWRENCE, DAVID R**  
CITY-ST-ZIP **6400 NORTH ANDREWS AVENUE, SUITE 320  
FORT LAUDERDALE FL 33309**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **Director** ☐ Change ☒ Addition  
STREET ADDRESS **Luis Alegre**  
CITY-ST-ZIP **4085 Poinciana Avenue  
Miami, Florida 33133**

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

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

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 25 / 03 305-445-3847**  
Date Daytime Phone #

CR2E034 (10/02)