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

## **DOCUMENT #** P02000117950

1. Entity Name



## **FILED** Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90125 042 \*\*\*150.00

ALIZE	CONSTRUCTION CORP.				
Principal Place of Business 1300 SE 12TH TERRACE DEERFIELD BEACH FL 33441		Mailing Address 1300 SE 12TH TERRACE DEERFIELD BEACH FL 33441			
2 Principa	Place of Business				
L. Thicipa	Trace of Business	3. Mailing Address		. constant in nation state about early major (1905, 1707) (1917) (1917) (1917) (1917)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & St	ate	City & State			
Zip	Country	<u> </u>		4. FEI Number 01-0750979 Applied For Not Applicable	
2,0	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
ļ- <u>-</u> -	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
BARTHE	FREDERIC M ESQ.		Name		
	ST SUNRISE BOULEVARD		Street Addres	ss (P.O. Box Number is Not Acceptable)	
602			<del> </del>		
FORT LA	UDERDALE FL 33304		City		
8. The above	e named entity submits this statement to			FL Zip Code	
	tions of registered agent.	ratile purpose of changing i	ts registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE					
	Signature, typed or printed name of registered agent a	and title if applicable. (NC	TE: Registered Agent signature requ	uired when reinstaling) DATE	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TLE NOW!!! FEE IS \$150.00		<u> </u>		
Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution. St.00 May Be Added to Fees	
10.	OFFICERS AND [	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	GOSSELIN, JOSE	☐ Delete	TITLE	Change Addition	
STREET ADDRESS	1300 SE 12TH TERRACE		NAME STREET ADDRESS	i	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	કા <del>કર્યો હતા કે હવા કે કરવા કે ક</del>	Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Character Character	
NAME STREET ADDRESS			NAME	☐ Change ☐ Addition	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		□ Delete	TITLE		
NAME STREET ADDRESS		. —	NAME	☐ Change ☐ Addition	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME STREET ADDRESS		Delete	NAME	☐ Change ☐ Addition	
CITY-ST-ZIP			STREET ADDRESS	}.	
12. I hereby ce	rtify that the information supplied with th	is filing does not qualify for	CiTY-ST-ZIP	ection 119.07(3)(i). Florida Statutes I further contifu that the info	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOSEGRATURE DE PROPURE