

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90219 016 ***150.00

DOCUMENT # P04000152924	
1. Entity Name	
F. ALEJO CORP.	

40063633

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7240 WEST COMMERCIAL BLVD. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State LAUDERHILL, FL	City & State
Zip 33319	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2679882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name ALEJO, FABIO F	
Street Address (P.O. Box Number is Not Acceptable) 7410 WOODLAND TERRACE # 101	
City TAMARAC	Zip Code 33321

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEJO, FABIO F 7410 WOODLAND TERRACE #101 TAMARAC, FL. 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-05 954 742 4229