

P 05000007693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

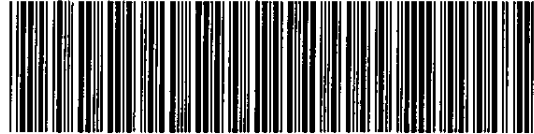
(Business Entity Name)

(Document Number)

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10-20-09

↓  
October 08<sup>th</sup>, 2009.

To:  
Florida Department of State  
Division of Corporation  
FAX: 850-245-6897

Dear Madam /Sir:

We would like to ask you, please, to change the following address for the Company:

**ALZARE CORPORATION. ( P05000007693 )**

Principal and Mailing Address:

Previous: 1045 NE 203<sup>RD</sup> TERRACE MIAMI, FL 33179

Current: 6187 NW 167 STREET UNIT H32 MIAMI LAKES, FL 33015.

Best Regards,

  
Jao Sami Mina Bishay  
President