2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P94000013068** ALFIERI & ASSOCIATES, INC. 03-15-2000 90022 022 ***150.00 Mailing Address Principal Place of Business 5143 NW 42 TERRACE 5143 NW 42 TERRACE COCONUT CREEK FL 33073-2937 COCONUT CREEK FL 33073 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0471039 Not Applicable Country \$8.75 Additional Country Zio \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALFIERI, PAUL R Street Address (P.O. Box Number is Not Acceptable) 5143 NW 42 TERRACE **COCONUT CREEK FL 33073** Zip Code City ed entity submits this statement for the surpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above nat SIGNATURE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ___ Addition PD TITLE Change ☐ Delete TITLE NAME NAME ALFIERI, PAUL R STREET ADDRESS STREET ADDRESS 5143 NW 42 TERRACE CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33073** ☐ Change Addition ☐ Delete TITLE TITLE ALFIERI, LINDA W NAME STREET ADDRESS STREET ADDRESS **5143 NW 42 TERRACE** CITY-ST-7IP CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 regeiver or truckee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.