

1 of 2

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000087816

1. Entity Name

Altoven, Inc.

FILED

03 SEP 24 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100023305781  
09/24/03--01063--003 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8350 SW 11 Terr

3. Mailing Address

8350 SW 11 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

59-3282521

Applied For

Not Applicable

Zip

33144

Country

USA

Zip

33144

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Ali Paula

Street Address (P.O. Box Number is Not Acceptable)

8350 SW 11 Terr

City

Miami

FL

Zip Code

33144

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.

SIGNATURE

Signature, typed or printed name of registered agent, and date if applicable.

Ali Paula

(NOTE: Registered Agent signature required when reinstating)

9/20/03

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Ali Paula 8350 SW 11 Terr Miami FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Gregoria Paula 8350 SW 11 Terr Miami FL 33144
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**DO NOT WRITE  
IN THIS SPACE**

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other file-empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ali Paula

Date

Daytime Phone #

CR2E034B (12/01)

2082

August 20, 2003

Florida dept of Corporations

Ref: Altovem Inc

Please know that I never received the form needed for renewing and maintaining the corporation active. I just found out that the corporation is inactive when I applied for a bank loan. Please reinstate my corporation. I add here \$150.00 for the annual fee. Since it was not our fault please waive the penalty fee.

Sincerely,

A handwritten signature in black ink, appearing to be 'Ali E. Paula', written over a horizontal line.

Ali E. Paula