

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90013 029 ***150.00

DOCUMENT # P95000016496

1. Entity Name
ALMY ENTERPRISES INC.

Principal Place of Business

**8825 NW 95 STREET
 SUITE 213
 MEDLEY FL 33178
 US**

Mailing Address

**7821 NW SOUTH RIVER DRIVE
 BOX 222
 MIAMI FL 33166
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 835057

Miami FL

33283-5057



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0569267**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, ALICIA
 7921 S RIVER DR BOX 222
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **Orlando Otero**
 Street Address (P.O. Box Number is Not Acceptable)
8001 SW 136 CT
 City **Miami FL 33183** Zip Code **33183**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **GONZALEZ, ALICIA**
 CITY-ST-ZIP **8001 SW 136 CT
 MIAMI FL 33183**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **OTERO, ORLANDO**
 CITY-ST-ZIP **8001 SW 136 CT
 MIAMI FL 33183**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 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 receiver or trustee 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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01
 Date

(305) 443-8502
 Daytime Phone #

CR2E034 (10/00)