

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022320

1. Entity Name

ALF. INTERNATIONAL, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90205 049 ***150.00

Principal Place of Business

Mailing Address

7401 NW 54 ST
MIAMI FL 33166
US

7401 NW 54 ST
MIAMI FL 33166-4810
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0566401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINERES, ALFREDO
13344 S.W. 102ND TERRACE
MIAMI FL 33186

Name

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

City

FL

Zip Code

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	PINERES, ALFREDO	
STREET ADDRESS	13344 S.W. 102ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANKY, PIEDAD	
STREET ADDRESS	13344 S.W. 102ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

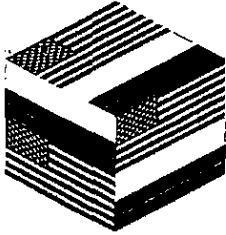
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/99)



Attachment # 5000022320 #00673405
ALF International Inc.

Freight forwarders inc.
7419 N.W. 54th Street
Miami, Florida 33166
Tel (305) 591-3949 Fax (305) 591-8512
E-Mail : alf@latam.net

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Friday, July 07, 2000

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS.

To Whom It May Concern:

DUE TO THE MAILMAN DELIVERING THE FORM TO A
DIFFERENT ADDRESS, I AM FILLING MY ANNUAL REPORT LATE.
THE PERSON FROM THE INCORRECT ADDRESS DELIVERED THE
REPORT AND WAS SENT TO US ON THE FIFTH OF JULY.

THANK YOU,


ALFREDO PINERES