FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91167 007 ***150.00

DOCUMENT # P95000022320

1. Entity Name
Alf International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5220 NW 72 Ave
Suite, Apt. #, etc.
Bay 11 Suite B
City & State
Miami FL
Zip 33166 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0566401
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Alfredo Pineres
Street Address (P.O. Box Number is Not Acceptable): 5220 NW 72 Ave
Bay 11
City: Miami FL Zip Code: 33166

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when applicable)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	Alfredo Pineres
STREET ADDRESS	5220 NW 72 Ave #11
CITY-ST-ZIP	Miami FL 33166
TITLE	SD
NAME	Franky, Piedad
STREET ADDRESS	5220 NW 72 Ave #11
CITY-ST-ZIP	Miami FL 33166
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E048 (12/01)

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 like empowered.

SIGNATURE: _____ 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #