2000 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P95000039322 ALSTON CORPORATION 04-18-2000 90805 031 ***150.00 Principal Place of Business Mailing Address 7801 E TREASURE DR 7601 E TREASURE DR SUITE 1012 **SUITE 1012** MIAMI FL 33141 MIAMI FL 33141-4362 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite Apt # etc. Suite. Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0590305 Not Applicable -Country --\$8.75 Additional Zìo 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LORO, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 1237 PLACETAS AVENUE **CORAL GABLES FL 33146** City 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY-1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 66/6) TITLE ☐ Change ☐ Addition Delete TITLE NAME LORO, ANTONIO NAME CR2E034 (STREET ADDRESS STREET ADDRESS 1237 PLACETAS AVE. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL Addition [7] Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP--Change ☐ Addition Delete DIEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Dalete 🖸 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE MAME 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 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 a address, with all other like empowered: Dayeme Phone