## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P95000065211 Jan 27, 2000 8:00 am **Secretary of State** A.L.S. SPECIALTY PRODUCTS INC. 01-27-2000 90007 047 \*\*\*150.00 Principal Place of Business Mailing Address 1601 NW 97 AVE 1601 NW 97 AVE ₽D MIAMI FL 33172 MIAMI FL 33172-2853 2. Principal Place of Business : 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0609807 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ESTRUCH, JOSE A Street Address (P.O. Box Number is Not Acceptable) 1601 NW 97 AVE #D **MIAMI FL 33172** Zip Code FL 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSD Addition ☐ Delete TITLE TITLE ESTRUCH, JOSE A NAME NAME 1601 NW 97 AVE., #D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition - -.- -- -- El Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE 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 an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR