

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90151 049 ***150.00

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DOCUMENT # P95000084396

1. Entity Name

AL-POR INTERNATIONAL, INC.



Principal Place of Business

~~1604 ORCHID DRIVE~~ 1638 TOWN CENTER CIR. ~~WESTON FL 33326~~ WESTON FL 33326

Mailing Address

~~1604 ORCHID DRIVE~~ 1638 TOWN CENTER CIR. WESTON FL 33326

11012752



2. Principal Place of Business

1638 TOWN CENTER CIR

3. Mailing Address

SAME AS PRINCIPAL PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OF BUSINESS

☐ CHECK HERE IF MAKING CHANGES

City & State

WESTON FL

City & State

4. FEI Number

65-0623975

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

Country

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

BEHAR, LARRY J
888 S.E. THIRD AVE.
SUITE 400
MIAMI BEACH FL 33140

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DUNAEVSKI, ISRAEL	
STREET ADDRESS	1604 ORCHID DRIVE 1638 TOWN CENTER CIR	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03

Date

954-3494650

Daytime Phone #

CR2E034 (10/02)