

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90129 020 \*\*\*158.75

**DOCUMENT # P95000094156**

1. Entity Name  
**ALROY, INC.**



Principal Place of Business  
**11 ALSTON ROAD  
PALM BEACH GARDENS FL 33418**

Mailing Address  
**11 ALSTON ROAD  
PALM BEACH GARDENS FL 33418**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0647281**

Applied For  
Not Applicable

Zip

Country

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

**FISCH, RALPH  
11 ALSTON ROAD  
PALM BEACH GARDENS FL 33418**

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, 2008 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

T ☐ Delete  
NAME **MISHAAN, A. ROY**  
STREET ADDRESS **24 RABBITS RUN**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S ☐ Delete  
NAME **MISHAAN, ALBERTO**  
STREET ADDRESS **2333 BRICKELL AVENUE APT 1901**  
CITY-ST-ZIP **MIAMI FL 33129**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP ☐ Delete  
NAME **MISHAAN, SALOMON**  
STREET ADDRESS **2333 BRICKEL AVE.**  
CITY-ST-ZIP **MIAMI FL 33131**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P ☐ Delete  
NAME **MISHAAN, SALOMON**  
STREET ADDRESS **10175 COLLINS AVE.**  
CITY-ST-ZIP **BAL HARBOUR FL 33180**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 561/694-0080  
Date Daytime Phone #

CR2E034 (10/02)