

2001 UNIFORM BUSINESS REPORT (UBR) 158.75

0107790

DOCUMENT # P96000008354

1. Entity Name

ALLIANCE REALTY & INVESTMENTS, INC.

FILED

01 MAY 11 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

220 N. State Rd 7
HOLLYWOOD FL 33024
Hollywood, FL 33021

Mailing Address

220 N. State Rd 7
HOLLYWOOD FL 33024
Hollywood, FL 33021

2. Principal Place of Business

220 N. State Rd 7

3. Mailing Address

220 N. State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-0644864

Applied For
Not Applicable

Zip

Country

33021

Zip

Country

33021

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

VILLARROEL, JAMES G

220 N. State Rd 7
HOLLYWOOD FL 33024
Hollywood, FL 33021

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.

SIGNATURE

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

(NOT

Registered Agent signature required when reinstating)

DATE

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

FILE NOW
After MAY 1, 20
Make Check Payable

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME VILLARROEL, JAMES G
STREET ADDRESS 220 N. State Rd 7
CITY-ST-ZIP HOLLYWOOD FL 33024 33021

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE S
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for
indicated on this report or supplemental report is true and accurate and that n
of the corporation or the receiver or trustee empowered to execute this report
changed, or on an attachment with an address, with all other like empowered.

he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
signature shall have the same legal effect as if made under oath; that I am an officer or director,
s required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER C 1 DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)