

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010476

1. Entity Name

ALDA BUSINESS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90239 023 ***150.00

Principal Place of Business

Mailing Address

2812 NW 35TH STREET
MIAMI FL 33142

5801 BISCAYNE BLVD.
MIAMI FL 33137-2638
US

2. Principal Place of Business

3. Mailing Address

4621 HOLLYWOOD BLVD
100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HOLLYWOOD FL

4. FEI Number

65-0652679

Applied For

Not Applicable

Zip

Country

Zip

Country

33021 BROWARD

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

WASSERSTROM, BARRY
5801 BISCAYNE BLVD.
MIAMI FL 33137

Name

Street Address (P.O. Box Number is Not Acceptable)

4621 HOLLYWOOD BLVD
STE #100

City

HOLLYWOOD

FL

Zip Code

33021

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/00

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable 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 PD ☐ Delete
NAME NOSIKOVSKY, YURY
STREET ADDRESS 16558 NE 26TH AVE.
CITY-ST-ZIP NO MIAMI BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00