2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000077550 **DOCUMENT #** 1. Entity Name A.L.R., INC.



FILED Feb 19, 2003 8:00 am Secretary of State

02-19-2003 90017 025 ***150.00

1511 N PALM PEMBROKE I		•		7	
Principal Place of Business 1511 N PALM AVE PEMBROKE PINES FL 33026 US		Mailing Address 17821 NORTHWEST 15TH STREET PEMBROKE PINES FL 33029			
2. Principal Place of Business		3. Mailing Address		I ARRIKARA KIRI BENAR BANAK BANAK BANAK BANAK IRANA IRANA BANAK BANAK IRANA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		1031093274	ed For
Zìp	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additing Fee Required	onal
	6. Name and Address of Curr	ent Registered Agent	-1	7. Name and Address of New Registered Agent	
CORPOR	ATION SERVICE COMPANY	ಕ ೧೯೩೮೦ ಕ್ಷಮ	Name		
1201 HAYS STREET			Street Addre	ss (P.O. Box Number is Not Acceptable)	
TALLAHAS	SSEE FL 32301		~		·
			City	FL Zip Code	
8. The above	named entity submits this statementions of registered agent.	t for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and	daccept
4					,
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered Agent signature requ	ulred when reinstating) DATE	
FI	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0				
Make Check	Payable to Florida Department	10			May Roll
		of State		Trust Fund Contribution. Added to	Fees
10.	OFFICERS AT	ND DIRECTORS	11,	Trust Fund Contribution. Added to ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Fees
10. TITLE	OFFICERS AT	.	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Fees
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NAME CONTROL OF THE PROPERTY O	PSTD ABREU, ALICIA 17821 NORTHWEST 15TH STR	ND DIRECTORS	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Trust Fund Contribution.	Fees 11
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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.

CITY-ST-ZIP

Allicia [Abreu, Pres. SIGNATURE: 🗡 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR