

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014335

1. Entity Name

ALCO SERVICE, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90006 004 ***150.00

Principal Place of Business

Mailing Address

3242 COLLIN DRIVE
WEST PALM BEACH FL 33406

P.O. BOX 15111
WEST PALM BEACH FL 33416-5111

2. Principal Place of Business

3. Mailing Address

P.O. Box 15111
Suite, Apt. #, etc.
West Palm Beach
City & State
FL.

Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0728514

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip 33416-5111 Country USA

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALIA ACCOUNTING SERVICE
680 S. MILITARY TRAIL
WEST PALM BEACH FL 33415

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

(NOTE: Registered Agent signature required when reinstating)

DATE 02/08/00

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	PTD	<input type="checkbox"/> Delete
NAME	SANTOS, GUILLERMO L	
STREET ADDRESS	3242 COLLIN DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SANTOS, LOURDES A	
STREET ADDRESS	3242 COLLIN DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5708 Orchard Way	
STREET ADDRESS	West Palm Beach, FL 33417	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5708 Orchard Way	
STREET ADDRESS	West Palm Beach, FL 33417	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Lourdes A. Santos
VSD

Date

Daytime Phone #

2/8/00 (561) 966-5788

CR2E034 (9/99)