2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2002 8:00 am Secretary of State P97000014335 DOCUMENT # 1. Entity Name 04-21-2002 90914 003 ***150.00 ALCO SERVICE, INC. Mailing Address Principal Place of Business P.O. BOX 15111 PO BOX 15111 WEST PALM BEACH FL 33416-5111 WEST PALM BEACH FL 33416-5111 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0728514 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ourd SANTOS, LOURDES A. Street Address (P.O. Fox Number is Not Acceptab 5708 ORCHARD WAY WEST PALM BEACH FL 33417 1each e purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subro nis statemen .1 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE SANTOS, GUILLERMO L NAME Santos, NAME 1077 Rosetta TR. 5708 ORCHARD WAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP <u>West Halm</u> Change ☐ Addition VSD Delete TITLE VSD TITLE Santos, Lourdes A. SANTOS, LOURDES A NAME NAME 1077 Rosetta TR. 5708 ORCHARD WAY STREET ADDRESS STREET ADDRESS *3*341/ FI. WEST PALM BEACH FL 33417 CITY-ST-ZIP Pain Beach CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Lourdes A. Santos 4/8/02

CR2E034 (9/01)