

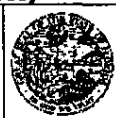
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03 JUL 18 PM 3:24

AMENDED 2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000042155
1. Entity Name
ALFIERI, INC.



Principal Place of Business
809 NORTHEAST 20TH STREET
WILTON MANORS, FL 33305

Mailing Address
809 NORTHEAST 20TH STREET
WILTON MANORS, FL 33305

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

900021764039
07/24/03--01030--017 **\$1.25

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0759774

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BRINKLEY, W. MICHAEL
200 EAST LAS OLAS BLVD.
SUITE 1800
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if not a state official (NOTE: Registered Agent signature required when submitting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D, P	☒ Change ☐ Addition
NAME	ALFIERI, ANTHONY		NAME		
STREET ADDRESS	809 NORTHEAST 20TH STREET		STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS, FL 33305		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Assistant VP	☐ Change ☒ Addition
NAME			NAME	Albert Prosper	
STREET ADDRESS			STREET ADDRESS	809 NE 20th Street	
CITY-ST-ZIP			CITY-ST-ZIP	Wilton Manors, FL 33305	
TITLE		☐ Delete	TITLE	Assistant VP	☐ Change ☒ Addition
NAME			NAME	Daniel C. Daley, Jr.	
STREET ADDRESS			STREET ADDRESS	809 NE 20th Street	
CITY-ST-ZIP			CITY-ST-ZIP	Wilton Manors, FL 33305	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 all address with another like empowered.

SIGNATURE: Anthony Alfieri, President, Alfieri, Inc. 7/16/03 954-563-0425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2004 (10/02)

2118