

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

YEAR 2002

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90190 006 ***158.75

DOCUMENT # P97000044120

1. Entity Name

ALZ CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3070 NW 87th Street

3. Mailing Address
3070 NW 87th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0755873

Applied For
Not Applicable

Zip 33147

Country USA

Zip 33147

Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PRESLEY, PATRICIA A.

Street Address (P.O. Box Number is Not Acceptable)
3080 NW 87th Street,

City Miami, FL Zip Code 33147

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 Patricia A. Presley 03/19/02

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PRESLEY, PATRICIA A. 3070 NW 87th Street, Miami, FL 3317	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PRESLEY, TIFFANY-Z 3070 NW 87th Street, Miami, FL 33147	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE Patricia A. Presley, President 03/19/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2ED34B (12/01)