

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90050 036 ***150.00

DOCUMENT # P97000087081

1. Entity Name
ALMA REAL ESTATE, INC.

Principal Place of Business

**1000 PONCE DE LEON BLVD
 SUITE 205
 CORAL GABLES FL 33134
 US**

Mailing Address

~~G/O ERNESTO SANCHEZ P.A.
 814 PONCE DE LEON BLVD #505
 CORAL GABLES FL 33134
 US~~



2. Principal Place of Business

1000 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 205

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Address

1000 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 205

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0786627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, ERNESTO P.A.
 814 PONCE DE LEON BLVD.
 STE. 505
 CORAL GABLES FL 33134**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE **DPS** ☐ Delete
 NAME **SANZ, JOSE**
 STREET ADDRESS **199 OCEAN LANE DRIVE SPT 1005**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7, 2002 **305-4480648**
 Date Daytime Phone #

CR2E034 (9/01)