2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: -

Apr 17, 2002 8:00 am Secretary of State **DOCUMENT #** P97000093795 1. Entity Name ALTA MANAGEMENT, INC. 04-17-2002 90044 018 ***150.00 Principal Place of Business Mailing Address 6705 SW 103 COURT 6705 SW 103 COURT **MIAMI FL 33173** MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0884469 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALEXANDER, ANA Box Number is Not Acceptable 6705 SW 103 GOURT **MIAMI FL 33173** 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition E034 (9/01 NAME ALEXANDER, ANA NAME 6705 S.W. 103RD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP vst____ TITLE Delete. وسي والم ____ Change____ Addition_ NAME PRADO, BILL NAME 4322 S.W. 98TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33165 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LLORO, ANA M ASST NAME STREET ADDRESS 6705 S.W. 103RD COURT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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.

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description #