

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90557 022 ***158.75

DOCUMENT # P97000101215

1. Entity Name
ALAMO & ASSOCIATES REALTY, INC.



Principal Place of Business
**6447 MIAMI LAKES DRIVE EAST
STE 220
MIAMI LAKES FL 33014**

Mailing Address
**6447 MIAMI LAKES DRIVE EAST
STE 220
MIAMI LAKES FL 33014**

2. Principal Place of Business
7950 NW 155 STREET

3. Mailing Address
7950 NW 155 STREET

Suite, Apt. #, etc.
SUITE 205

Suite, Apt. #, etc.
SUITE 205

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

4. FEI Number **65-0796604**

Applied For

Not Applicable

Zip
33016

Country
USA

Zip
33016

Country
USA

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

6. Name and Address of Current Registered Agent

**ALAMO, JOSEPH M
6447 MIAMI LAKES DRIVE EAST
SUITE 220
MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

Name
JOSEPH M. ALAMO
Street Address (P.O. Box Number is Not Acceptable)
**7950 NW 155 STREET
SUITE 205**
City **MIAMI LAKES** **FL** Zip Code **33016**

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 **JOSEPH M. ALAMO** **01.15.2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ALAMO, JOSEPH M
STREET ADDRESS	6447 MIAMI LAKES DRIVE EAST
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAMO, JOSEPH M
STREET ADDRESS	7950 NW 155 STREET, SUITE 205
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 an address, with all other like empowered.

SIGNATURE: **JOSEPH M ALAMO** **01.15.2003** **3053621888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)