

**2000 UNIFORM BUSINESS REPORT (UBR)**

1067

**DOCUMENT # P97000102972**

07-13-2000 90017 033 \*\*\*150:00

1. Entity Name

**A & L CONSULTING OF CHICAGO, INC.**

**FILED**

00 JUL 31 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>9740 W BROADVIEW DRIVE<br>BAY HARBOR ISLANDS FL 33154 | Mailing Address<br>9740 W BROADVIEW DRIVE<br>BAY HARBOR ISLANDS FL 33154 |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|   |   |   |
|---|---|---|
| 4. FEI Number<br><b>65-0801989</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |   |

6. Name and Address of Current Registered Agent

**RISOLIA, ANNELIESE**  
9740 W BROADVIEW DRIVE  
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

B. 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 *Anneliese Risolia*

7/6/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change  Addition

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>RISOLIA, ANNELIESE</b><br><b>9740 W BROADVIEW DRIVE</b><br><b>BAY HARBOR ISLANDS FL 33154</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Anneliese Risolia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00  
Date

305-868-3039  
Daytime Phone #

**KE**

CP2E034 (5/00)

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HOUB' 1621  
26?

A & L Consulting of Chicago Inc  
9740 West Broadview Drive  
Bay Harbor Islands, Fl 33154

Friday, July 7, 2000

Florida Department of State  
Division of Corporations  
Attention: Annual Reports Section  
P.O. Box 6327  
Tallahassee, Fl-32314

RE: Late filing of the 1999 Corporate Annual Report for A & L Consulting of Chicago Inc.

To whom it may concern,

I have been incorporated in the State of Florida for the past three years. During that time I have not been late filing the annual report or any other tax return required by the State of Florida. Unfortunately, I did not receive the first annual report notice from your office. I just received the second notice and did not realize that we had not filed for the current year.

I spoke with my accountant last week and he said that some other companies that also filed late were allowed to pay a reduced amount if they did not receive the first notice.

Because of my excellent filing history and the fact that I did not receive the first filing notice I am respectfully requesting penalty abatement for the late filing of my 1999 Annual Report. I am enclosing a check in the amount of \$150.00 and hope that you will be able to grant us penalty relief.

Your attention to this matter will be appreciated.

Sincerely,

*Anneliese Risolia*  
Anneliese Risolia, President