

2001 UNIFORM BUSINESS REPORT (UBR)

09-10-2001 90068 001 ***476.25
P98000004720

DOCUMENT # P98000004720 (10)

1. Entity Name
ALANIS ENTERTAINMENT AND PROMOTIONS, I

FILED

01 OCT -4 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
9505 SW 136TH STR 9505 SW 136TH STR
MIAMI FL 33176 MIAMI FL 33176

2. Principal Place of Business 3. Mailing Address
9505 SW 136 STREET 9505 SW 136 STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
MIAMI FL 33176 **MIAMI FLORIDA** **65-0906881** Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional
33176 **U.S.A** **33176** **U.S.A** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
AJAGBE AUGUSTINE O Name
9505 SW 136TH STREET Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33176 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: *Augustine O. Ajagbe* **AUGUSTINE O. AJAGBE, D** DATE: 07/18/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEES \$150.00**
After MAY 1, 2001, Fee will be \$550.00
NOTE: Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AJAGBE AUGUSTINE O 9505 SW 136TH STREET MIAMI FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAJEKODUNMI OLUWAFOLAKE A 8020 NW 10 STR. UNITS MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ HUMBERTO 7270 S.W. 19TH LANE MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Augustine O. Ajagbe* **AUGUSTINE O. AJAGBE** DATE: 07/18/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)