2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90017 005 ***150.00

DOCUMENT # P98000008909

1. Entity Name
ALASKA BREEZE, CORP.

Principal Place of Business	Mailing Address
2833 SW 131 PLACE MIAMI FL 33175	2833 SW 131 PLACE MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6530 griffin RD.	6530 griffin RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAvie, FL.	City & State: DAvie, FL 33314
Zip: 33314 / Country: U.S.A	Zip: 33314 / Country: U.S.A.

4. FEI Number 65-0809828 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRITO, NORMA
2833 SW 131 PLACE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name: Moises D. Egozi
Street Address (P.O. Box Number is Not Acceptable): 6530 griffin RD.
City: DAvie, FL. FL Zip Code: 33314

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] DATE 04-30-02

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

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BRITO, NORMA 2833 SW 131 PLACE MIAMI FL 33175	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Moises D. Egozi 6530 griffin RD. DAvie, FL. 33314	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BRITO, NORMA 2833 SW 131 PLACE MIAMI FL 33175	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 04-30-02 800-721-9899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)