

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90180 048 ***150.00

DOCUMENT # P98000017552

1. Entity Name
A.L. MASONRY INC.



Principal Place of Business
**7431 NW 39TH ST.
LAUDERHILL FL 33319**

Mailing Address
**7431 NW 39TH ST.
LAUDERHILL FL 33319**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

8428 W Oakland PK B-101

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Zip

Country

33067

Zip

Country

4. FEI Number
65-0812209

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LIVERPOOL, ALDWYN
7431 NW 39TH ST.
LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent

Name

Ruth Liverpool

Street Address (P.O. Box Number is Not Acceptable)

5848 Leitner Dr East

City

Parkland

FL

Zip Code

33067

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

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** ☐ Delete
NAME **LIVERPOOL, ALDWYN**
STREET ADDRESS **7431 NW 39TH ST.**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **D** ☐ Delete
NAME **LIVERPOOL, RUTH**
STREET ADDRESS **7431 NW 39TH ST.**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **5448 Leitner Dr E**
CITY-ST-ZIP **Parkland, FL 33067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **5448 Leitner Dr E**
CITY-ST-ZIP **Parkland, FL 33067**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03

746 5011

Date

Daytime Phone #

CR2E034 (10/02)