## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P98000020330



## FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity Na	<sup>ame</sup> <b>[ALIA, INC</b> .			03-17-2003 91059 044 ***150.00
Principal Place of Business 3429 GALT OCEAN DR FORT LAUDERDALE FL 33308		Mailing Address 3429 GALT OCEAN DR FORT LAUDERDALE FL 33308		
2. Principal	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 22-3587129 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional
	6. Name and Address of Currer	t Registered Agent	<del></del>	Fee Required
			Name	7. Name and Address of New Registered Agent
FISHER, SANDRA L 3429 GALT OCEAN DR			Street Addres	ss (P.O. Box Number is Not Acceptable)
-FORT LA	UDERDALE FL 33308			
			City	<b>FL</b> Zip Code
8. The above the obliga SIGNATURE				tered agent, or both, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstating) DATE
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FISHER, SANDRA L 3429 GALT OCEAN DR FORT LAUDERDALE FL 33308	☐ 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 STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE PAME TREET ADDRESS PTY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TLE AME TREET ADDRESS TY-ST-ZIP	Stiff the Athering	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information 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

SIGNATURE(