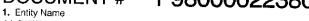
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000022380 **DOCUMENT#**

ALFIERI REALTY CORP.

SIGNATURE:





FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90101 011 ***150.00

2003

Principal Place of 3802-A GUNN HIGH SUITE A TAMPA FL 33624 US		Mailing Address 3708 GREMERY ST UNI TAMPA FL 33618-4419 US	Tess coperco	TION. JIVO VIII NOVE
2. Principal Place		3. Mailing Address	1 & with co	
Suite, Apt. #, et	C.	Suite, Apt. #, etc.	<u> </u>	CHECK HERE IF MAKING CHANGES COKKS
City & State		City & State		4. FEI Number 59-3503311 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6.	Name and Address of Current	Registered Agent		7: Name and Address of New Registered Agent
ALFIERI, GASP	PER		Name	SAME
3708 GREENEI UNIT 208	RY CT		Street Addres	ess (P.O. Box Number is Not Acceptable)
TAMPA FL 336	118		City	FL Zip Code
8. The above name the obligations of SIGNATURE	ed entity submits this statement for fregistered agent.	The purpose of changing its	s registered office or regis	istered agent, or both, in the State of Florida. I am familiar with, and accept
Signatu	e, typed or printed turne of registered agent a	and title if applicable. (NO)	TE: Registered Agent signature requi	quired when reinstating) DATE
After May Make Check Paya	NOW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 able to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE P	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME ALFI STREET ÄDDRESS 3708	ieri, gasper 3 greenery CT Unit 208 Pa Fl 33618	☐ 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
ITTLE NAME STREET ADDRESS DITY-ST-ZIP, 1		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TREET AODRESS ITY-ST-ZIP 2. hereby certify the indicated on this	nat the information supplied with the report or supplemental report is two or the receiver or trustee emport attachment with an address, with an address, with an address.	nis filing does not qualify for ue and accurate and that me ered to execute this report a h all other like empowered.	STREET ADDRESS CITY-ST-ZIP the exemption stated in Si	Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 107, Florida Statutes; and that my name appears in Block 10 or Block 11 if