2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000040439** May 16, 2000 8:00 am Secretary of State ALR HOLDING CORPORATION 05-16-2000 90796 004 ***150.00 Principal Place of Business Mailing Address 6671 W INDIANTOWN RD. #56422 6671 W INDIANTOWN RD. #56422 JUPITER FL 33458-3972 JUPITER FL 33458 3. Mailing Address 2. Principal Place of Business 6671 W. INDIANTOWN RE 6671 W. INDIANTOWN RA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE 56 UITE 56 Applied For City & State 4. FEI Number 65-0833993 JUPITER Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROTNE, ARNE L II Street Address (P.O. Box Number is Not Acceptable) 2401 PGA BLVD SUITE 192 PALM BEACH GARDENS FL 33410 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ADDRESS Change ☐ Addition TITLE TITLE ☐ Delete ROTNE, ARNE L. 6671 WEST INDIANTOWN RD. ROTNE, ARNE L NAME NAME STREET ADDRESS STREET ADDRESS 2401 PGA BLVD. # 192 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ITE 56 PMB 422 ☐ Change ☐ Addition TITLE JUPITER , FL 33458 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TIT1 F Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 thus be 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.

ARNE LIROTHE

SIGNATURE:

4/25/00 561 748 644 6