

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050891

1. Entity Name

A.L.G. ENTERPRISES, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90171 020 ***150.00

Principal Place of Business

525 NORTH OCEAN BLVD.
SUITE 524
POMPANO BEACH FL 33062

Mailing Address

525 NORTH OCEAN BLVD.
SUITE 524
POMPANO BEACH FL 33062-7140

2. Principal Place of Business

1370 S. Ocean Blvd
Suite, Apt. #, etc.
Suite 2708

3. Mailing Address

1370 S. Ocean Blvd
Suite, Apt. #, etc.
Suite 2708

City & State

Pompano Beach FL
Zip 33062 Country USA

City & State

Pompano Bch FL
Zip 33062 Country USA

4. FEI Number

65-0842612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRASCIA, ANNA
525 NORTH OCEAN BLVD.
SUITE 524
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

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

1370 S. Ocean Blvd # 2708

City

Pompano Bch

FL

Zip 33062

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE P ☐ Delete
NAME GRASCIA, ANNA
STREET ADDRESS 525 N. OCEAN BLVD #524
CITY-ST-ZIP POMPAHO BCH FL 33062

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1370 S. Ocean Blvd. # 2708
CITY-ST-ZIP POMPAHO BCH FL 33062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

9349431451

Daytime Phone #