## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jul 18, 2000 8:00 am DOCUMENT # P98000054519 1. Entity Name **Secretary of State** ALCA GROUP, INC. 07-18-2000 90086 021 \*\*\*150.00 Principal Place of Business Mailing Address 4101 SW 47TH AVE 4101 SW 47TH AVE FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0917262 Not Applicable Zip Country Country \$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 Name LITMAN, NEAL S ESQ. Street Address (P.O. Box Number is Not Acceptable) 2900 SW 28TH TERR, 2ND FL **COCONUT GROVE FL 33133** City 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change Addition TITLE FRANGIPANI, SERGIO NAME NAME STREET ADDRESS STREET ADDRESS 4101 SW 47TH AVE STE 105 CITY-ST-2tP CITY-ST-ZIP FORT LAUDERDALE FL 33314 ☐ Delete ☐ Change Addition TITLE NAME SBROLLINI, ALESSANDRO NAME STREET ADDRESS STREET ADDRESS 4101 SW 47TH AVE STE 105 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33314 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SIJ-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

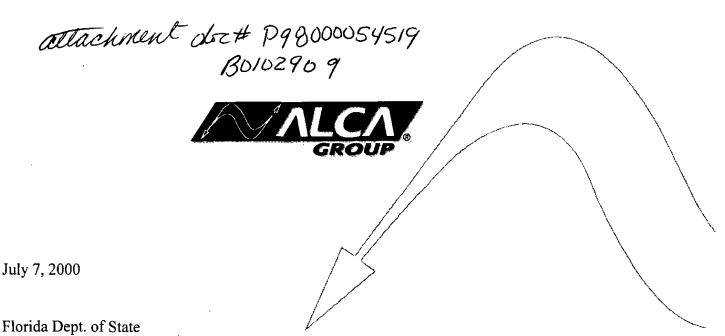
13.\*1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Firus and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director pwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. indicated on this report or supplemental report of the corporation or the receiver or trustee emp

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

peryio Frangipani 7/7/00 (954)58+793

FILED



Florida Dept. of State Division of Corporations -Annual Report Fillings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Document P98000054519

Dear Sirs:

We received your "2<sup>ND</sup> Notice" for filing our corporation's annual report. The notice states there is a late fee of \$400.00.

We never received the first notice. We have never been late in filing our annual report and therefore kindly ask that you accept the enclosed \$150.00 check as payment for filing the annual report and waive the late fee.

Very truly yours,

Sergio Frangipani President