

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054519

1. Entity Name

ALCA GROUP, INC.

R

FILED

Jul 18, 2000 8:00 am  
Secretary of State

07-18-2000 90086 021 \*\*\*150.00

Principal Place of Business

4101 SW 47TH AVE  
105  
FORT LAUDERDALE FL 33314  
US

Mailing Address

4101 SW 47TH AVE  
105  
FORT LAUDERDALE FL 33314  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0917262

Applied For

Not Applicable

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

LITMAN, NEAL S ESQ.  
2900 SW 28TH TERR, 2ND FL  
COCONUT GROVE FL 33133

Name

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

City

FL

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FRANGIPANI, SERGIO  
CITY-ST-ZIP 4101 SW 47TH AVE STE 105  
FORT LAUDERDALE FL 33314

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SBROLLINI, ALESSANDRO  
CITY-ST-ZIP 4101 SW 47TH AVE STE 105  
FORT LAUDERDALE FL 33314

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

Date

Daytime Phone #

Sergio Frangipani 7/7/00 (954) 581-7935

attachment doc# P98000054519  
B0102909



July 7, 2000

Florida Dept. of State  
Division of Corporations  
Annual Report Filings  
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