

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90362 030 ***150.00

DOCUMENT # **P 98000090659**

1. Entity Name

1608 ALTON ROAD, INC. ✓

Principal Place of Business

**407 Lincoln Rd, Ste 5-B
 Miami Beach FL 33139**

Mailing Address

**407 Lincoln Road Ste 5-B
 Miami Beach, FL 33139**

2. Principal Place of Business

1608 Alton Road

Suite, Apt. #, etc.

3. Mailing Address

1608 Alton Road

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33139

Country

USA

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. FEI Number

65-0870370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**Brito, Luis G.
 407 Lincoln Road Ste 5-B
 Miami Beach, FL 33139**

7. Name and Address of New Registered Agent

Name **Puccio Thomas**
 Street Address (P.O. Box Number is Not Acceptable)
1608 Alton Road
 City **Miami Beach** **FL** Zip Code **33139**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-01

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, 2001 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 **Sarafino, Sandra** ☒ Delete
 NAME
 STREET ADDRESS **1608 Alton Rd.**
 CITY-ST-ZIP **Miami Beach, FL 33139** **STOV**

TITLE **Puccio, Thomas** ☐ Delete
 NAME
 STREET ADDRESS **1608 Alton Road**
 CITY-ST-ZIP **Miami Beach, FL 33139** **PD**

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-04 305-674-383

Date

Daytime Phone #

CR2E034 (11/00)