

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90810 039 \*\*\*150.00

DOCUMENT # P 99 00000 3474

1. Entity Name  
**SAN ALEJO CORP** ✓

**- 39974**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**5236 NW 112 ct**

3. Mailing Address  
**SME**

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI FL**

City & State  
**SME**

4. FEI Number  
**65-101-2899**

Applied For  
 Not Applicable

Zip  
**33178**

Country  
**USA**

Zip  
**33178**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**DAVID ABELSOHN**

Street Address (P.O. Box Number is Not Applicable)  
**5236 NW 112 ct**

City  
**MIAMI**

FL Zip Code  
**33178**

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]* DATE: **04/16/02**

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered agent signature required when registering.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY - ST - ZIP	<b>DAVID ALEJANDRO ABELSOHN PRESIDENT 5236 NW 112 ct MIAMI FL 33178</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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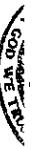
**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

SIGNATURE: *[Signature]* DATE: **04/16/02** DAYTIME PHONE: **305 477 3333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 10, 2002

SAN ALEJO CORPORATION  
5236 NW 112 CT  
MIAMI, FL 33178

Subject: SAN ALEJO CORPORATION

Reference Number: P99000003474

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/s/ ANNUAL REPORTS SECTION

Attachment # P99 000003474 39974