

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

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90114 001 \*\*\*450.00

DOCUMENT # **P99000015512**

1. Entity Name

**Alina Bail Bonds Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1399 NW 17th Ave.**

3. Mailing Address

**1399 NW 17th Ave**

Suite, Apt. #, etc.

**Suite 304A**

Suite, Apt. #, etc.

**Suite 304A**

DO NOT WRITE IN THIS SPACE

City & State

**Miami FL 33125**

City & State

**Miami FL 33125**

4. FEI Number

**45-0910013**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Alina Casal**

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

**1399 NW 17th Ave**

**Suite 304A**

City

**Miami**

FL

**33125**

**DO NOT WRITE  
IN THIS SPACE**

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)

☐

**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

**PDS Alina Casal  
1399 NW 17th Ave.  
Mia FL 33125**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VP, D Barbara Casal  
1399 NW 17th Ave  
Mia FL 33125**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**14/24/02**

Date

Daytime Phone #

**305 326 8222**

CR2E034B (12/01)