

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90129 018 ***150.00

DOCUMENT # **099000016244**

1. Entity Name

ALIPER CORP.

Principal Place of Business

Mailing Address

721112

2. Principal Place of Business

3. Mailing Address

10221 FONTAINEBLEAU BLVD

10221 FONTAINEBLEAU BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

No. 102

No. 102

City & State

City & State

Miami, FL

Miami, FL

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.

4. FEI Number

65-0895610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MIGUEL A. MURILLO

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

10221 FONTAINEBLEAU BLVD

Suit 102

City

MIAMI

FL

Zip Code

33172

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]

4/19/00

Signature of principal, name of registered agent and its address

(NOTE: Registered Agent signature required when transferring)

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 \$150.00

After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

GERARDO MARCA.

☒ Delete

TITLE
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CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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

[Signature]

MIGUEL A. MURILLO

4/19/00

Date

(305) 229-0151

Daytime Phone #

CP25021 10/9/00