

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016459

1. Entity Name

ALTERNATE CONNECTIONS, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90041 008 ***150.00

Principal Place of Business

Mailing Address

422 S.E. STARFLOWER AVENUE
PORT ST. LUCIE FL 34983

422 S.E. STARFLOWER AVENUE
PORT ST. LUCIE FL 34983-4516

2. Principal Place of Business

422 SE STARFLOWER AVE

3. Mailing Address

P.O. Box 7039

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL.

City & State

PORT ST LUCIE, FL.

4. FEI Number

65-0907104

Applied For

Not Applicable

Zip

34983

Country

ST LUCIE

Zip

34985

Country

ST LUCIE

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

LALLO, WAYNE

422 S.E. STARFLOWER AVENUE
PORT ST. LUCIE FL 34983

Name

LALLOO, WAYNE

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

422 S.E. Starflower Avenue

City

Port St. Lucie

FL

Zip Code

34983

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 \$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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LALLO, WAYNE		NAME	LALLOO
STREET ADDRESS	422 S.E. STARFLOWER AVENUE		STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LALLO, RAMON		NAME	LALLOO
STREET ADDRESS	422 S.E. STARFLOWER AVENUE		STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LALLO, HANIF		NAME	LALLOO
STREET ADDRESS	422 S.E. STARFLOWER AVENUE		STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Wayne N. Lalloo WAYNE N. LALLOO

4/7/2000

561-263-9021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)