

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020035

1. Entity Name

INTERNATIONAL ALF QUALITY CORP.

Principal Place of Business

7854 NORTHWEST 71ST STREET
MIAMI FL 33166

Mailing Address

7854 NORTHWEST 71ST STREET
MIAMI FL 33166-2350

2. Principal Place of Business

15369 SW 36TH TERR

3. Mailing Address

PMB 271

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14748 SW 56TH ST

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0900286

Applied For

Not Applicable

Zip

Country

33185-4701

USA

Zip

Country

33185

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIVAS, ALBERT D
7854 NORTHWEST 71ST STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VIVAS, ALBERT D	
STREET ADDRESS	7854 NORTHWEST 71ST STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VIVAS, ALBERT D	
STREET ADDRESS	7854 NORTHWEST 71ST STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVAS, ALBERT D.	
STREET ADDRESS	15369 SW 36TH TERR	
CITY-ST-ZIP	MIAMI, FL 33185-4701	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVAS, ALBERT D.	
STREET ADDRESS	15369 SW 36TH TERR	
CITY-ST-ZIP	MIAMI, FL 33185-4701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Albert D. Vivas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(305) 986-2659

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90144 039 ***150.00



DO NOT WRITE IN THIS SPACE