

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90359 037 ***150.00

DOCUMENT # P99000020176

1. Entity Name

ALME MOTORS CORPORATION

Principal Place of Business

Mailing Address

2695 SOUTH FEDERAL HIGHWAY
STUART, FLORIDA 34994

NO. 1 USCELA STREET
STUART, FL 34994

C0068014

2. Principal Place of Business

2695 SOUTH FEDERAL HWY

3. Mailing Address

Suite, Apt. #, etc.

STUART FLORIDA

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0903051

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

RIFKIN, AYRON C.
800 SE MONTEREY COMMONS BLVD.
SUITE 200, STUART, FL 34998

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, 2001 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-ST-ZIP
THOMAS P. HILLET
NO. 1 SH USCELA STREET
STUART, FL 34994
PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARGARET RICHBOURG
NO. 3 TIMOR STREET
STUART, FL 34996
VICE
PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/01

361-200-3600

CR2034 (11/00)