

2000 UNIFORM BUSINESS REPORT (UBR)

06-09-2000 90215022 150.00

AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000021979 ✓

1. Entity Name

ALSA AUTO, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

15551 W. Dixie Hwy.
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

City & State

N. MIAMI BEACH

City & State

4. FEI Number

65-0904060

Applied For

Not Applicable

Zip

Country

FL 33162

Zip

Country

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

IAKOVLEV, ALEKSANDER
3703 N.E. 166th Street #407
N. Miami Beach, FL 33160

Name

~~IAKOVLEV, AL~~

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$160.00
After MAY 1, 2000 Fee will be \$500.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST-ZIP	<p>President <input type="checkbox"/> Delete</p> <p>IAKOVLEV, ALEXANDER 3703 N.E. 166th Street #407 N. MIAMI BEACH, FL 33160</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<p>Vice-President <input type="checkbox"/> Delete</p> <p>IGOR, TALSKY 3703 N.E. 166th St. #407 N. MIAMI BEACH, FL 33160</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<p>Secretary <input type="checkbox"/> Delete</p> <p>GRINBERG, Olga 3703 N.E. 166th Street #407 N. MIAMI BEACH, FL 33160</p>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-17-00

(305) 947-2029

Date

Daytime Phone #

CR2E034 (9/98)