

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-11-2000 90055 027 ***550.00

DOCUMENT # P99000029462

1. Entity Name
ALLIANCE BUSINESS SUPPLIES INC.



Principal Place of Business
 1550 N.E. MIAMI GARDENS DR., STE. 407
 N. MIAMI BEACH FL 33179

Mailing Address
 1550 N.E. MIAMI GARDENS DR., STE. 407
 N. MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12550 Biscayne Blvd.

3. Mailing Address
Same

Suite, Apt. #, etc.
606

Suite, Apt. #, etc.

City & State
N. MIAMI Florida

City & State

4. FEI Number
63-0921992

Applied For
 Not Applicable

Zip
33181

Country
USA

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAVIS, RONALD L ESQ.
1550 N.E. MIAMI GARDENS DR., STE. 407
N. MIAMI BEACH FL 33179

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 relistating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **(P)**
 NAME **Roberto Portillo** Delete
 STREET ADDRESS **Alliance Business Supplies Inc.**
12550 Biscayne Blvd. #606
 CITY-ST-ZIP **NORTH MIAMI FLORIDA 33181**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **(VP)**
 NAME **MELANIA MARTINEZ** Delete
 STREET ADDRESS **Alliance Business Supplies Inc.**
12550 Biscayne Blvd. #606
 CITY-ST-ZIP **NORTH MIAMI FLORIDA 33181**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00 -305 892 8181
 Date Daytime Phone #

CR2E034 (5/00)