

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000040987

1. Entity Name  
ALOMA INVESTORS, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90302 043 \*\*\*150.00

Principal Place of Business  
7680 REPUBLIC DRIVE SUITE 110  
ORLANDO FL 32819

Mailing Address  
7680 REPUBLIC DRIVE SUITE 110  
ORLANDO FL 32819-8914

2. Principal Place of Business  
7680 Universal Blvd.  
Suite, Apt. #, etc.  
110  
City & State  
Orlando, Fl  
Zip  
32819  
Country

3. Mailing Address  
7680 Universal Blvd.  
Suite, Apt. #, etc.  
110  
City & State  
Orlando, Fl  
Zip  
32819  
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3576391  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DIAMOND, KEITH D  
46 SW FIRST STREET FOURTH FLOOR  
MIAMI FL 33130

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP  
PVST PICCIONE, JOHN 7680 REPUBLIC DRIVE SUITE 110 ORLANDO FL 32819  
D PICCIONE, JOHN 7680 REPUBLIC DRIVE SUITE 110 ORLANDO FL 32819

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
7680 Universal Blvd. Suite 110 Orlando, Fl 32819  
7680 Universal Blvd. Suite 110 Orlando, Fl 32819

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]* President 4-28-00 407 345 9960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)