

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 ar
Secretary of State

05-03-2000 90064 018 ***150.00

DOCUMENT # P99000041115
 Entity Name
ALCON MANAGEMENT GROUP, INC.

Principal Place of Business Mailing Address
HANCOCK ROAD 6441 HANCOCK ROAD
LAUDERDALE FL 33330 FORT LAUDERDALE FL 33330-3441

Principal Place of Business 3. Mailing Address
528 N LUNA COURT 528 N LUNA COURT
 Suite, Apt. #, etc. Suite, Apt. #, etc.

County & State City & State
HOLLYWOOD FLORIDA HOLLYWOOD FL
 Zip Country Zip Country
33021 USA 33021 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0922454 Not Applicable
 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	
ANGELLA, TONY 6441 HANCOCK ROAD FORT LAUDERDALE FL 33330		Name	
		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: *T. J. M.* DATE: **4/24/00**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 \$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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D ADDRESS: ANGELLA, TONY ST-ZIP: 6441 HANCOCK ROAD FORT LAUDERDALE FL 33330	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Angella, Tony STREET ADDRESS: 528 N Luna Court CITY-ST-ZIP: Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Angella* DATE: **4/24/00** DAYTIME PHONE #: **954 946 7265**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E034 (9/99)