## 2001 UNIFORM BUSINESS REPORT (UBR)

SUNATORE AND TYPES OF PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P9900063324 1. Entity Name 05-15-2001 90036 021 \*\*\*150.00 A & L INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 1948 N.W. 130TH AVENUE 1948 N.W. 130TH AVENUE PEMBROKE PINES FL 33028 PEMBROKE PINES FL 33028 2. Principal Place of Business 3. Mailing Address 9673 POBOX 970902 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0938988 Raton BOCA BOCA Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 3349 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENRIQUEZ, STEPHEN C Street Address (P.O. Box Number is Not Acceptable) 19 WEST FLAGLER STREET SUITE 600 MIAMI FL 33130 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) PTD Delete TITLE TITLE DANIELL, ANTHONY NAME NAME STREET ADDRESS 1948 N.W. 130TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 VSD Delete TITLE ☐ Addition TITLE NAME DANIELI, LYDIA NAME Raton FL 33428 STREET ADDRESS 1948 N.W. 130TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 TITLE ☐ Delete TITLE ☐ Change ☐ Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 port 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 arrangeress, with all other like appropriete.