

11/02/01 FRI 14:23 FAX 305 374 2855

LAW OFFICE

002

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P99000064935

02 FEB 18 AM 9:19

1. Entity Name

ALSPAC MIAMI CORPORATION

Principal Place of Business

Mailing Address

8408 N.W. 66th Street
Miami, Florida 33166SECRETARY OF STATE
TALLAHASSEE, FLORIDA**REINSTATEMENT 01-02**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number

65-0935402

Applied For

Not Applicable

Zip

Country

Zip

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentNelson Slosbergas
501 Brickell Key Drive, Suite 400
Miami, FL 33131**7. Name and Address of New Registered Agent**

Name Maurice Rousseau Jr.

Street Address (P.O. Box Number is Not Acceptable)
8408 N.W. 66th Street

City

Miami

FL

Zip Code
33166

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 reinstating)

Maurice Rousseau Jr.

(Agent)

11/07/01

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 Fee**11. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Campos, Milton	
STREET ADDRESS	8408 NW 66th Street	
CITY-STATE-ZIP	Miami, FL 33166	
TITLE	DPST	<input type="checkbox"/> DELETE
NAME	CHANG, MOUNG WAHN.	
STREET ADDRESS	8408 NW 66th Street	
CITY-STATE-ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	000005072200--8
1.4 CITY-STATE-ZIP	-03/08/02--01011--018
	****900.00 ****900.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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,

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/07/01

Daytime Phone #