

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088007

1. Entity Name

ALLIANCE-LA TECHNOLOGIES CORP.

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90100 007 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1200 BRICKELL AVE.~~

~~1200 BRICKELL AVE.~~

~~SUITE 680~~

~~SUITE 680~~

MIAMI FL 33131

MIAMI FL 33122-1100

2. Principal Place of Business

3. Mailing Address

7825 NW 29 ST

7825 NW 29 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

121

121

City & State

City & State

MIAMI FL

MIAMI FL

Zip

33122

Country

Zip

33122

Country

4. FEI Number

65-0963364

Applied For

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

CINTRA, NATANAEL R

~~1200 BRICKELL AVE.~~

~~SUITE 680~~

MIAMI FL 33131

Name

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

7825 NW 29 ST, #121

City MIAMI

FL

Zip Code 33122-1100

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME CINTRA, NATANAEL R  
STREET ADDRESS ~~1200 BRICKELL AVE. #680~~  
CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7825 NW 29 ST, #121  
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 27, 20 905.500.9844

CR2E034 (9/99)