8/20/01-90071-043-$150.00-$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091878

1. Entity Name
ALIMOR, INC.

FILED
01 OCT -3 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
131 AVILA CT. DAVENPORT FL 33837	131 AVILA CT. DAVENPORT FL 33837

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3102 Hanging Moss Circle	P.O. Box 691868
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee Florida	City & State: Orlando Florida
Zip: 34741 Country:	Zip: 32869-1868 Country:

4. FEI Number 65-0534258 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORENO, ALICIA
131 AVILA CT.
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name: RODRIGO MORENO
Street Address (P.O. Box Number is Not Acceptable): 3102 Hanging Moss Circle
City: Kissimmee FL Zip Code: 34741

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] 7/1/01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORENO, MISAEL A 131 AVILA CT. DAVENPORT FL 33837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / DIRECTOR RODRIGO MORENO 3102 HANGING MOSS CIRCLE KISSIMMEE, FLORIDA 34741 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LS ☐ Change ☐ Addition
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CR2E034 (5/01)

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] SIGNATURE REQUIRED 7/1/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

012884 AT