

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90052 020 ***150.00

DOCUMENT # P99000092062

1. Entity Name

ALTERATIONS PLUS OF JACKSONVILLE, INC.

Principal Place of Business

**3617 CROWN POINT RD
STE 1
JACKSONVILLE FL 32257**

Mailing Address

**P O BOX 24668
JACKSONVILLE FL 32241**

2. Principal Place of Business

5943 ARLINGTON RD N

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

4. FEI Number **59-3600489**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HERNANDEZ, MEREDITH A
5943 ARLINGTON RD N
JACKSONVILLE FL 32211**

Name

3617 CROWN Pt. Rd. #1

Jacksonville FL 32257

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 re-instating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD VALBUENA, CLARA P O BOX 24668 JACKSONVILLE FL 32241-4668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD VALBUENA, JULIAN P O BOX 24668 JACKSONVILLE FL 32241-4668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 12 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Valbuena Valbuena (President)

4/28/01

288-8799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/00)