

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90090 008 \*\*\*150.00

0037906  
AV

**DOCUMENT # P99000092287**

**1. Entity Name**  
**ALARCON PACKING INC.**



**Principal Place of Business**  
**524 NW 43RD COURT**  
**MIAMI FL 33126**

**Mailing Address**  
**524 NW 43RD COURT**  
**MIAMI FL 33126**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-1005009**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ALARCON, JESUS E**  
**524 NW 43RD COURT**  
**MIAMI FL 33126**

Name

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

City

**FL**

Zip Code

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **ALARCON, JESUS E**  
**STREET ADDRESS** **524 NW 43RD COURT**  
**CITY-ST-ZIP** **MIAMI FL 33126**

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

**TITLE** **V** ☐ Delete  
**NAME** **ALARCON, MAGGALY**  
**STREET ADDRESS** **524 NW 43RD CT**  
**CITY-ST-ZIP** **MIAMI FL 33126**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment  
90146686  
P99000092287

Miami, July 22nd 2003.

Florida Department of State  
Tallahassee, Florida

This is to certify, that we never received the proper form to file the  
Corporate Filing Fee in time ( May 1, 2003)

This is the only one we had in the mail, since the beginning of the year.

Signed:

*Maggaly Alarcon*  
Maggaly Alarcon  
Secretary

ALARCON PACKING, INC.

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn (or affirmed) and subscribed before me this 22<sup>nd</sup> day  
of July, 1923 by MAGGALY ALARCON  
(Name of Person Making Statement)

*Jose C. Jimenez*  
(Signature of Notary Public, State of Florida)  
JOSE C. JIMENEZ  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
Personally Known ☒ or Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_



Jose C. Jimenez  
Commission #DD159168  
Expires: Oct 30, 2006  
Bonded Thru  
Atlantic Bonding Co., Inc.