

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094987

1. Entity Name

A.L.S. ENTERPRISES, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90047 032 \*\*\*150.00

Principal Place of Business

Mailing Address

2291 NORTHEAST 164TH STREET  
NORTH MIAMI BEACH FL 33160

2291 NORTHEAST 164TH STREET  
NORTH MIAMI BEACH FL 33160-3703

2. Principal Place of Business

18373 NE. 4 CT.

3. Mailing Address

18373 NE. 4 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FLORIDA

City & State

N. MIAMI BEACH, FLORIDA

Zip

Country

33179 USA

Zip

Country

33179 USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

SAUL RICHE

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

7185 SAN SALVADOR DRIVE

City

BOCA RATON,

FL

Zip Code

33433

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

TITLE PD  
NAME RICHE, SAUL  
STREET ADDRESS 2291 NORTHEAST 164TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE VD  
NAME MUSKAT, LEONARD  
STREET ADDRESS 2291 NORTHEAST 164TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE STD  
NAME MUSKAT, ADOLFO  
STREET ADDRESS 2291 NORTHEAST 164TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME RICHE, SAUL  
STREET ADDRESS 18373 NE. 4 CT.  
CITY-ST-ZIP N. MIAMI BEACH, FL. 33179 ☒ Change ☐ Addition

TITLE VD  
NAME MUSKAT, LEONARD  
STREET ADDRESS 18373 NE. 4 CT.  
CITY-ST-ZIP N. MIAMI BEACH, FL. 33179 ☒ Change ☐ Addition

TITLE STD  
NAME MUSKAT, ADOLFO  
STREET ADDRESS 18373 NE. 4 CT.  
CITY-ST-ZIP N. MIAMI BEACH, FL. 33179 ☒ Change ☐ Addition

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

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

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

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 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 #

CR2E034 (9/99)