2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jul 17, 2000 8:00 am Secretary of State DOCUMENT # **P99000102154** 1. Entity Name ALONSO MANAGEMENT CORP. 07-17-2000 90006 049 ***158.75 Principal Place of Business Mailing Address 7981 SW 35TH TER 7981 SW 35TH TER MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For City & State City & State 65-0969251 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE RIBEAUX, GUSTAVO M Street Address (P.O. Box Number is Not Acceptable) 2903 SALZEDO ST CORAL GABLES FL 33134 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition | TITLE ☐ Delete TITLE NAME ALONSO, ENRIQUE NAME STREET ADDRESS STREET ADDRESS 7981 SW 35TH TER CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Delete TITLE ☐ Change ☐ Addition TITL F NAME ALONSO, CARIDAD NAME STREET ADDRESS 7981 SW 35TH TER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS 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 of Indice 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.

Attachment D# 099 0000 188754 000 7000

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	we didn't receive the first notice
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, 1	Plem all me if you need more info.
3	Enrique Alonso 305-772-5923
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