

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90021 045 \*\*\*158.75

0203566 AV

**DOCUMENT # P99000103557**

1. Entity Name  
**ALRIE CORPORATION**

Principal Place of Business

Mailing Address

~~C/O RMC~~  
~~201 S. BISCAYNE BLVD., STE. 1600~~  
~~MIAMI FL 33131~~

~~C/O RMC~~  
~~201 S. BISCAYNE BLVD., STE. 1600~~  
~~MIAMI FL 33131~~



2. Principal Place of Business

3. Mailing Address

**2121 PONCE DE LEON BLVD**

**2121 PONCE DE LEON BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**721**

**721**

City & State

City & State

**CORAL GABLES, FL**

**CORAL GABLES, FL**

Zip

Country

Zip

Country

**33134**

**33134**

4. FEI Number

**65-0964696**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATION COMPANY OF MIAMI~~  
~~201 S. BISCAYNE BLVD., 1600 MIAMI CENTER~~  
~~MIAMI FL 33131~~

Name

**ALBERT VEGA**

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

**2121 PONCE DE LEON BLVD.**

**SUITE 721**

City

**CORAL GABLES**

**FL**

Zip Code

**33134**

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/10/02**

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, 2002 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**  
**GETREIDE, PATRICK**  
**201 S. BISCAYNE BLVD**  
**MIAMI FL 33131**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**FRIEDBAUER, ROGER**  
**201 S. BISCAYNE BLVD**  
**MIAMI FL 33131**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**PATRICK GETREIDE**  
**2121 PONCE DE LEON BLVD # 721**  
**CORAL GABLES, FL 33134**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**ALBERT P. VEGA**  
**2121 PONCE DE LEON BLVD # 721**  
**CORAL GABLES, FL 33134**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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:

**PATRICK GETREIDE**

**3/12/02**

Date

Daytime Phone #

CP2F034 (9/01)