2002 UNIFORM BUSINESS REPORT (UBR) P99000105020

DOCUMENT # 1. Entity Name

Principal Place of Business

ALPO CORP.

8540 S.W. 133 AVE. RD. #224

MIAMI FL 33183

Mailing Address

8540 S.W. 133 AVE. RD. #224

MIAMI FL 33183

FILED May 02, 2002 8:00 am Secretary of State 05-02-2002 90136 014 ***150.00

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2. Principal Place of Business				3. Mailing Address				1 FRALIERF 114 LD170 10211 00111 00	02 0 	AAIAC BOIN BBAIN	IIIII TOOLI TOOR	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	ite			City & State			4. FEI Number 65-0965229 Applied For Not Applicable					7
Zip	ip Country				Zip Country		5.	5. Certificate of Status Desired Sa.75 Additional Fee Required				
	6. Name	and Ad	dress of Current R	egistered Agent		7. Name and Address of New Registered Agent						
POVEDA, LUIS ALEJANDRO						Name						-
	/. 133 AVE. I		24	Street Add			dress (P.O. Box Number is Not Acceptable)					٦
MIAMI FL		11D. #2	LT				<u>u</u>	<u>.</u> .				1
	, ,								FL	Zip Cod	e	
8. The above	e named entity	submits	s this statement for t	he purpose of chai	nging'its register	ed office or regi	stered ag	gent, or both, in the State of Flo	rida.			1
SIGNATURE												
	Signature, typed	or printed n	ame of registered agent and	title if applicable.	(NOTE: Registere	d Agent signature req	uired when r	reinstating)	DATE			
9. This corp	oration is eligi	ble to sa	itisfy its Intangible	FILE	NOW!!! FEE	IS \$150.00			*			7
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.				FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550			ın.	10. Election Campaign Finance		\$5.0	O May Be	i
	ria on back)			Make Checi	k Payable to De	epartment of	State	Trust Fund Contribution	1. L	J Added	l to Fees	
11.			OFFICERS AND DI		12.			L DDITIONS/CHANGES TO OFFI	CEDC AND	DIDECTOR	S 161 4 4	4
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NAME	POVEDA, L	UIS A			ere nam					☐ Change	☐ Addition	13
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CITY-ST-ZIP					CITY-	ST-ZIP						1

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 others the empowered.

SIGNATURE:

Daytime Phone #