

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/4/20

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90084 045 \*\*\*150.00

<b>DOCUMENT # P99000110682</b>			
1. Entity Name <b>PETRALI CORP.</b>			
Principal Place of Business <b>5853 S CONGRESS AVE ATLANTIS FL 33462</b>		Mailing Address <b>5853 S CONGRESS AVE ATLANTIS FL 33462</b>	
2. Principal Place of Business <b>5853 S. Congress Ave</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Atlantis</b>		City & State	
Zip <b>33462</b>	Country <b>Palm Beach</b>	Zip	Country
4. FEI Number <b>65-0981426</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ALIAGA, FRANK 5853 S CONGRESS AVE ATLANTIS FL 33482</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
<b>FL</b>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Frank Aliaga President 383 Denny Court Boca Raton Fl. 33486</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Frank Aliaga</u>		Date: <u>4/20/2000</u> Daytime Phone #: <u>561-641-7243</u>	



DO NOT WRITE IN THIS SPACE

CRE0034 (9/99)