

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91488 045 ***150.00

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DOCUMENT # S59682

1. Entity Name

ALZAMEL INTERNATIONAL INVESTMENTS CORPORATION



Principal Place of Business

**1855 EAU CLAIR COURT
OLDSMAR FL 34677**

Mailing Address

**1855 EAU CLAIR COURT
OLDSMAR FL 34677**

2. Principal Place of Business

15519 US Hwy 19 N.

3. Mailing Address

15519 US Hwy 19 N.

Suite, Apt. #, etc.

#219

Suite, Apt. #, etc.

#219

City & State

Clearwater - Florida

City & State

Clearwater - FL.

Zip

33764

Country

Pinellas

Zip

33764

Country

Pinellas

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3067278

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALAQILI, ZAMEL
1855 EAU CLAIR COURT
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALAQILI, ZAMEL	
STREET ADDRESS	1855 EAUCLAIRE CT.	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALAU, ABLA M	
STREET ADDRESS	1855 EAU CLAIRE CT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/2003

CR2E034 (10/02)