FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S01011

1. Entity Name

PROPERTIES ALEMAN



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91891 018 ***150.00

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2. Principal Place of Business /3930 Sw 3057 Suite, Apt. #, etc.		3. Mailing Address 13930 らい	30st							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE				
City & State	i FL	City & State Miani F			4. FEI Number 65-0284 208	Applied F				
Zip 33 1つ:	Country	Zip 33/75	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required				
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	promise and the second			Name						
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[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]				Street Address (P.O. Box Number is Not Acceptable)						
	IN THIS S	SPACE		-						
			erio pare en Grando en como	City		FL Zip Code				
8 The above	named entity submits this stateme	ent for the purpose of changing	o its register	ed office or regis:	tered agent, or both, in the State of Florida	Lam familiar with, and acc				
	ons of registered agent.	on the purpose of the grant	g no rogiotoi	ou omoo or rogio	to a agoni or as in the state of the	Train and thing and doc				
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SIGNATURE _	, £,									
	Signature, typed or printed name of registered	www.wasanasanan	(NOTE: Registere	ed Agent signature requi	ared when reinstating)	DATE				
Jan	uary 1 - May 1 Fee is \$150.0	0			9. Election Campaign Financi	ng ¢E ^^				
	After May 1, Fee is \$550.00 ' "Amended UBR is \$61.25				Trust Fund Contribution.	ng \$5.00 May □ Added to Fee				
	Páyable to Florida Departme	nt of State			, social contraction.					
10. [3	OFFICERS.	AND DIRECTORS				11.				
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NAME [ALEMAN, ROSENDO	7.	NAM	le						
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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 on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ROSENDO AleMAN