

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S93633

1. Entity Name

ALRAMA ENTERPRISES, INC.

Principal Place of Business

34842 MISSIONARY RD
DADE CITY FL 33525
US

Mailing Address

6412 9TH ST N
ST PETERSBURG FL 33702
US

2. Principal Place of Business

6412 9TH STREET NORTH

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33702

Country

PINELLAS

City & State

Zip

Country

4. FEI Number

59-3094854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BILLER, CHARLES E
6412 9TH STREET NORTH
ST. PETERSBURG FL 33702

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE D ☒ Delete
NAME MORA, ALICIA P.
STREET ADDRESS 3230 S.W. 23RD COURT
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☒ Delete
NAME MORA, RAUL L.
STREET ADDRESS 3230 S.W. 23RD COURT
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE PS ☐ Delete
NAME MCHUGH, ALICIA C.
STREET ADDRESS 5800 SABAL TRACE DR., #302
CITY-ST-ZIP NORTH PORT FL 34287

TITLE VPT ☐ Delete
NAME CROSBY, MARIA E.
STREET ADDRESS 14045 PARADISE LANE
CITY-ST-ZIP DADE CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP CODE 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Maria E. Crosby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA E. CROSBY, TREASURER. 03/20/01 (727) 521-2438

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90002 009 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)