

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90119 035 ***150.00

DOCUMENT # V09821

1. Entity Name
ALIA ENTERPRISES, INC.

Principal Place of Business

**1200 S.W. 8 STREET
 MIAMI FL 33135**

Mailing Address

**1200 S.W. 8 STREET
 MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0311982**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRADAZ, LEONEL SR
 1020 S W 78TH COURT
 MIAMI FL 33144**

Name

ADOLFO ARIAS

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

3044 NW 26 STREET

City

MIAMI

FL

Zip Code

33142

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

Adolfo Arias

4/28/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete
 NAME **FERRADAZ, LEONEL, JR.**
 STREET ADDRESS **1020 S W 78TH COURT**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **DPS** ☐ Change ☒ Addition
 NAME **CARIDAD RUIZ**
 STREET ADDRESS **355 S.W. 146 Ave.**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **DVP** ☐ Delete
 NAME **GARCIA, ISABEL**
 STREET ADDRESS **603 S.W. 103 AVE.**
 CITY-ST-ZIP **MIAMI FL 33174**

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

TITLE **DT** ☒ Delete
 NAME **ARIAS, ADOLFO**
 STREET ADDRESS **3044 N. W. 26 STREET**
 CITY-ST-ZIP **MIAMI FL 33142**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Adolfo Arias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2001

Date

Daytime Phone #

CR2E034 (10/00)