

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14696

1. Entity Name

A & L ASSOCIATES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90062 020 ***150.00

Principal Place of Business

7158 SW 47TH ST.
MIAMI FL 33155
US

Mailing Address

7158 SW 47TH ST.
MIAMI FL 33156-5411
US

2. Principal Place of Business

12395 SW 68 AVE
Suite, Apt. #, etc.
MIAMI, FLORIDA

3. Mailing Address

12395 SW 68 AVE
Suite, Apt. #, etc.
MIAMI, FLORIDA

City & State

33156

City & State

MIAMI, FLORIDA

Zip

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-0316133

Applied For

Not Applicable

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

RIVERA, ALFRED H.
12395 SW 68TH AVE.
MIAMI FL 33156

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

Alfred H. Rivera

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/00

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, 2000 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 PT
NAME RIVERA, ALFRED H
STREET ADDRESS 12395 SW 68TH AVE
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

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

TITLE VS
NAME RIVERA, LOURDES
STREET ADDRESS 12395 SW 68TH AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loures Rivera

Date

2/24/00

Daytime Phone #

305-666-8529

CR2E034 (9/99)