

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90234 023 ***150.00

DOCUMENT # V30865

1. Entity Name
ALMITA, INC.

Principal Place of Business
1002 NE 39TH ST
OAKLAND PARK FL 33334
US

Mailing Address
1002 NE 39TH ST
OAKLAND PARK FL 33334
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0349192** 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

RAMIREZ FRANCISCA
1002 NE 39TH ST
OAKLAND PARK FL 33334

Name **Alegria, Francisca**
 Street Address (P.O. Box Number is Not Acceptable)
1002 NE 39th Street
 City **Oakland Park** **FL** Zip Code **33334**

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 *Francisca Alegria*
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
 NAME **P ALEGRIA, FRANCISCA**
 STREET ADDRESS **1002 NE 39TH ST**
 CITY-ST-ZIP **OAKLAND PARK FL**

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

TITLE ☐ Delete
 NAME **S RAMIREZ, ALMA LUZ**
 STREET ADDRESS **1002 NE 39TH ST**
 CITY-ST-ZIP **OAKLAND PARK FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 *Francisca Alegria*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-01 (931) 566-9969
 Date Daytime Phone #

CR2E034 (5/01)

Attachment
DTFV30865
A0078888

July 12, 2001

Almita, Inc.
1002 NE 39 Street
Oakland Park, FL 33334

To Whom It May Concern:

I am sending to you a check for \$100.00.
Almita, Inc. is doing this due to fact that we
did not receive the first notice that this 2nd
Uni form report states was sent. The past few
years Almita, Inc. has been paying the above
mentioned amount which is why I/we are
sending this amt. Please feel free to contact
me if you have any questions.

Thank you,
Francisca Alegria
Francisca Alegria, President