

2000 UNIFORM BUSINESS REPORT (UBR)

0210018

DOCUMENT # V38213

1. Entity Name

ALM INVESTMENT FLORIDA, INC.

FILED

00 FEB -7 PM 4:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**C/O A.T. ALENTADO & ASSOC.
1149 S.W. 27TH AVE. STE. 203
MIAMI FL 33135
US**

**C/O ALENTADO & ASSOCIATES
1149 S.W. 27TH AVE., SUITE 203
MIAMI FL 33135-4700
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite; Apt. #, etc.

City & State

City & State

4. FEI Number

65-0336852

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

**MARTIN, PEDRO A
1221 BRICKELL AVE.
SUITE 22ND FLOOR
MIAMI FL 33131**

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, 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 **D** ☐ Delete
NAME **JASSIR, ABDALA SAIEH**
STREET ADDRESS **19667 TURNBERRY WAY A-G**
CITY-ST-ZIP **N MIAMI BEACH FL**

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

TITLE **D.** ☐ Delete
NAME **Moises Saieh**
STREET ADDRESS **19667 NE 36 Court, A12-G**
CITY-ST-ZIP **North Miami Beach, Fl. 33180**

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

TITLE **D** ☐ Delete
NAME **Carlos Saieh**
STREET ADDRESS **Nine Island Avenue, Unit 1411**
CITY-ST-ZIP **Miami Beach, Fl. 33139**

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

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

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NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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

Moises Saieh

Date

Daytime Phone #

1/28/00

CR2E034 (9/99)