

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V54327****1. Entity Name**
ALEJO HOLDINGS, INC.**FILED**
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90111 031 ***158.75

Principal Place of Business**2929 HAWTHORNE RD**
TAMPA FL 33611
US**Mailing Address****2929 HAWTHORNE RD**
TAMPA FL 33611
US**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3181239

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MOLLOY, DANIEL L**
325 SOUTH BLVD
TAMPA FL 33606**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**
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
DE ALEJO, ALBERTO A JR
2929 HAWTHORNE RD
TAMPA FL ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
DE ALEJO, NICOLAS S
2929 HAWTHORNE RD
TAMPA FL ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
MOLLOY, DANIEL L
325 SOUTH BLVD
TAMPA FL ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition**TITLE**
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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition**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 filers empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01
Date813-265-8700
Daytime Phone #

CR2E034 (10/00)