## FILED

## **2003 FOR PROFIT CORPORATION**

	IILOUM BOSIM	E 22	KEPUK	I (UI	BK)		Mar 10, 20	JU3 (	ว:บ	v an	
DOCUMENT # V68216  1. Entity Name							Secretary of State 03-10-2003 90184 039 ***150.00				
ALAMO APARTMENTS, INC.				A SEEN			03-10-2003 9013	54 0 <b>3</b> 9 **	*150.	00	
Principal Place of Business 1230 EAST 4TH AVE. HIALEAH FL 33010		P.O.	Mailing Address P.O. BOX 821515 SOUTH FLORIDA FL 33082 US								
2. Principal Place of Business			3. Mailing Address			-  1 1801 011010 01101 16110 11001 11001 11010 0111 01211 01211 01011 01011 01011 01011 01011 01011 01011 01011					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State .			4. FEI	Number <b>65-0361455</b>			plied For t Applicable	
Zip	Country	Zip		Country		<b>5.</b> Ceri	ificate of Status Desired		75 Add	litional	
	6. Name and Address of Curren	Register	ed Agent			7. Nan	e and Address of New Regist	ered Agent		*	
The same of the same of the same state of the sa				. <u>N</u>	ame						
MORLANNE, JESSE E.				-	trant Address (f	DO Day 1		<u> </u>		<del></del>	
1230 E 4TH AVE				اد	ireet Address (i	P.O. BOX I	Number is Not Acceptable)				
HIALEAH FL 33010											
				ĺ	ity				ip Code		
8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purp	oose of changing its re	registered of	fice or registere	ed agent,	or both, in the State of Florida.	I am familia	r with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if app	olicable. (NOTE:	Registered Ager	nt signature required	when reinsta	ing)	DATE		<del></del>	
•	FILE NOW!!! FEE IS \$150.00		T					<del></del> -			
After May 1, 2003 Fee will be \$550.00						9. Election Campaign Financin		\$5.00	May Be		
	k Payable to Florida Department of						Trust Fund Contribution.		Added	to Fees	
10.	OFFICERS AND	DIRECTO	I VRS	11.		ADDIT	ONS/CHANGES TO OFFICERS	AND DIRE	CTORS	IN 11	
TITLE	PD	***	☐ Delete	TITLE		7.0511	OTTO OTTO CITICOLIN	☐ CI		Addition	
NAME	MORLANNE, JESSE E.			NAME					in ingc	Addition	
STREET ADDRESS	1230 E 4TH AVE			STREET ADD	DRESS						
CITY-ST-ZIP	HIALEAH FL			CITY-ST-ZI	P						
TITLE	SD		☐ Delete	TITLE				CI	hange	Addition	
NAME	MORLANNE, CARMEN M.			NAME	ĺ				_	_	
STREET ADDRESS	1230 E 4TH AVE			STREET ADD							
CITY-ST-ZIP	HIALEAH FL	•••		CITY-ST-ZI	Р					·	
TITLE			Delete	TITLE				□ CI	nange	☐ Addition	
NAME OFFICE ADDRESS	٠ ٠ ميره بنيت			NAME		بسيؤوث د					
STREET ADDRESS CITY-ST-ZIP				STREET ADD						ļ	
			e.u.	CITY-ST-Z	P		<del></del>				
TITLE NAME			Delete	TITLE				□ CH	iange	☐ Addition	
STREET ADDRESS				NAME STREET AND	DECC						
CITY-ST-ZIP	<b>'</b>			STREET ADD							
TITLE	100		D Deliciti	1	<del>-</del>						
NAME	,		☐ Delete	TITLE NAME				☐ Ch	ange	☐ Addition	
STREET ADDRESS	,			CIRCLI ADD	DECC					Ì	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

914 680 3701

Change

☐ Addition