

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90152 024 ***150.00

DOCUMENT # 630689

1. Entity Name

ALVI, INC.

Principal Place of Business

Mailing Address

~~150 ALHAMBRA CIR~~
~~#1200~~
~~CORAL GABLES FL 33146~~
~~US~~

150 ALHAMBRA CIR
 #1200
 CORAL GABLES FL 33134-4535
 US

C0008027



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

404 Viscoya Ave
 Suite, Apt. #, etc.

404 Viscoya Ave
 Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0031645

Applied For

Not Applicable

Zip

Country

33134-7160 USA

Zip

Country

33134-7160 USA

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

BARNS, PAUL D, JR
~~150 ALHAMBRA CIR~~
~~SUITE 1200~~
~~CORAL GABLES FL 33146~~

Name

Street Address (P.O. Box Number is Not Acceptable)

404 Viscoya Ave

City

Coral Gables

FL

Zip Code

33134

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 *Paul D. Barnes*
 Signature, typed or printed name of registered agent and title if applicable.

PAUL D. BARNS
 (NOTE: Registered Agent signature required when reinstating)

1/12/00
 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	DPS	<input type="checkbox"/> Delete
NAME	BARNS, PAUL D J	
STREET ADDRESS	150 ALHAMBRA CIR, SUITE 1200	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	404 Viscoya Ave	
CITY-ST-ZIP	Coral Gables, FL 33134	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Paul D. Barnes*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 ³⁰⁵
 Date Daytime Phone # **476-0600**

CR2E034 (9/99)