

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90172 027 ***150.00

DOCUMENT # F48131

1. Entity Name

SCHER & ALVAREZ, INC.

Principal Place of Business

Mailing Address

~~5030 SW 151 PL~~ **1023 TUPELO WAY**
~~MIAMI FL 33185~~ **WESTON, FL. 33327**~~5030 SW 151 PL~~ **1023 TUPELO WAY**
~~MIAMI FL 33185~~ **WESTON, FL. 33327**2. Principal Place of Business **WESTON, FL.**
1023 TUPELO WAY3. Mailing Address
1023 TUPELO WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WESTON, FL.City & State
WESTON, FL.4. FEI Number **59-2130520**Applied For
Not ApplicableZip
33327Country
USAZip
33327Country
USA5. 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

SCHER, MARIA M
5030 SW 151 PL
MIAMI FL 33185Name **SAME**

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

1023 TUPELO WAYCity **WESTON**FL Zip Code
33327

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

01/03/009. 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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP | P SCHER, MARIA M 5030 SW 151 PL MIAMI FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1023 TUPELO WAY WESTON, FL. 33327 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SCHER, RICHARD I 5230 SW 15TH PL MIAMI FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1023 TUPELO WAY WESTON, FL. 33327 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HUSKA, AMY 2790 BIRCHWOOD LN DEERFIELD IL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

01/03/00
Date**9543841110**
Daytime Phone #