

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 WAY

3. 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 Applicable

Zip **33327**

Country
USA

Zip **33327**

Country
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

SCHER, MARIA M
5030 SW 151 PL
MIAMI FL 33185

Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
1023 TUPELO WAY
 City **WESTON** FL **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

R. Scher

01/03/00

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

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

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:

R. Scher **RICHARD SCHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/00

Date

954 384 1110

Daytime Phone #