

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90756 011 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000010968					
1. Entity Name <b>ALVIS ENTERPRISES, LLC</b>					
Principal Place of Business 1230 S.W. 126 PLACE MIAMI, FL 33184			Mailing Address 1230 S.W. 126 PLACE MIAMI, FL 33184		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>22-3891799</b> <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROMERO, PEDRO 1230 S.W. 126 PLACE MIAMI, FL 33184			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when appropriate) DATE _____					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>FILE NOW!!! FEB IS \$50.00</b>                  Make Check Payable to Florida Department of State                  Due By May 1, 2003             </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROMERO, PEDRO		NAME		
STREET ADDRESS	1230 SW 126 PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33184		CITY-ST-ZIP		
TITLE	MGRS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEVIA, GILBERT		NAME		
STREET ADDRESS	6310 NW 104 AVENUE #108		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKO, DAVID E		NAME		
STREET ADDRESS	3001 SW THIRD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE LA O, MIGUEL M		NAME		
STREET ADDRESS	3001 SW THIRD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33129		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Paul A. Rom</i>			4/30/03 (305) 218-7348		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2003 (10/02)