FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 28, 2002 8:00 am Secretary of State DOCUMENT # \_23530 1. Entity Name 01-28-2002 90019 010 \*\*\*150.00 ALVAREZ & FERNANDEZ, P.A., C.P.A. Principal Place of Business Mailing Address 650 NW 43 AVENUE 650 NW 43 AVE MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0148563 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALVAREZ, EMILIO B. Street Address (P.O. Box Number is Not Acceptable) 650 NW 43 AVENUE MIAMI FL 33140 City Zip Code 💸 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change Addition ALVAREZ, EMILIÓ B NAME NAME STREET ADDRESS 6035 ALTON ROAD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME FERNANDEZ, ENRIQUE F NAME STREET ADDRESS 10510 SW 119TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 legant 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 it is 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 add

Daytime Phone #