FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90124 005 ***150.00

DOCUMENT # P01000021309

1. Entity Name
Aura Alvarez Investment, P.A

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2460 NE 36 Street Suite, Apt. #, etc.	250 Conservation Dr Suite, Apt. #, etc.
City & State Ft Lauderdale, Fl	City & State Weston, Fl
Zip 33308	Country USA
Zip 33327	Country USA

4. FEI Number
65-1081412
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Aura M. Alvarado

Street Address (P.O. Box Number is Not Acceptable)
2460 NE 36 Street

City
Ft lauderdale

FL

Zip Code
33308

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 Aura M. Alvarado AGENT 04-09-02
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) ✓

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Aura M. Alvarado 2460 NE 36 Street Ft Lauderdale, Fl 33308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Aura M. Alvarado 2460 NE 36 Street Ft. Lauderdale, Fl 33308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

"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 on an attachment with an address, with all other like empowered.

NATURE: Aura M. Alvarado President 04-09-02 (954)2421861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #