

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90043 050 ***150.00

DOCUMENT # P95000006917

1. Entity Name
ALVAREZ MACHINERY CO.

Principal Place of Business

~~15539 WOODWAY DRIVE~~
~~TAMPA FL 33613~~

Mailing Address

~~15539 WOODWAY DRIVE~~
~~TAMPA FL 33613~~

00091551

2. Principal Place of Business

13135 GREENGAGE
 Suite, Apt. #, etc.

3. Mailing Address

13135 GREENGAGE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FLA

City & State

TAMPA FL

4. FEI Number

59-3293312

Applied For

Not Applicable

Zip

Country

33612

Zip

Country

33612

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

ALVAREZ, DANIEL J
15539 WOODWAY DR
TAMPA FL 33613-1131

Name

ALVAREZ, DANIEL J

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

13135 GREENGAGE LN.

City

TAMPA

FL

Zip Code

33612

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 **Daniel Alvarez**
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/19/02
 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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D	ALVAREZ, DANIEL	15539 WOODWAY DRIVE TAMPA FL 33613	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Daniel Alvarez**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President **4/19/02**
 Date Daytime Phone #

CR2E034 (9/01)