

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90183 017 ***158.75

DOCUMENT # M94079

1. Entity Name
WOLFBURG ALVAREZ GROUP, INC.

Principal Place of Business

**5960 S.W. 57 AVE.
 MIAMI FL 33146**

Mailing Address

**5960 S.W. 57 AVE.
 MIAMI FL 33146**

2. Principal Place of Business

**1500 SAN REMO AVE.
 # 300**

3. Mailing Address

**1500 SAN REMO AVE.
 # 300**

City & State
CORAL GABLES, FL.

City & State
CORAL GABLES, FL.

Zip

Country
USA

Zip

Country
USA

4. FEI Number **65-0126759**

Applied For
 Not Applicable

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

**SCHREIBER, GERHARDT A., ESQ.
 890 S. DIXIE HWY.
 CORAL GABLES FL 33146**

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.

SIGNATURE

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, 2001 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 **PD** ☐ Delete
 NAME **ALVAREZ, JULIO E.**
 STREET ADDRESS **5960 S.W. 57TH AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1500 SAN REMO AVE., # 300**
 CITY-ST-ZIP **CORAL GABLES, FL. 33146**

TITLE **V** ☐ Delete
 NAME **WOLFBURG, DAVID A.**
 STREET ADDRESS **5960 S.W. 57TH AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1500 SAN REMO AVE., # 300**
 CITY-ST-ZIP **CORAL GABLES, FL. 33146**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01 (305) 666-5474

CR2E034 (10/00)