

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90074 010 ***150.00

0162246

DOCUMENT # 6306891. Entity Name
ALVI, INC.

00006941

Principal Place of Business
**404 VISCAYA AVE
CORAL GABLES FL 33134
US**Mailing Address
**404 VISCAYA AVE
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.City & State
Zip Country4. FEI Number **65-0031645**
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent
**BARNS, PAUL D, JR
404 VISCAYA AVE
CORAL GABLES FL 33134**7. Name and Address of New Registered Agent
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) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS
TITLE **DPS** ☐ Delete
NAME **BARNS, PAUL D J**
STREET ADDRESS **404 VISCAYA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
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

1/10/01

Date

305-476-0600

Daytime Phone #

CR2E034 (10/00)