2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2002 8:00 am Secretary of State 694312 DOCUMENT # 1. Entity Name 05-23-2002 90114 015 ***150.00 ALVAREZ PRINTING CO., INC. Principal Place of Business Mailing Address C/O SUSANA A. HART C/O SUSANA A. HART 6536 123RD AVE N 6536 123RD AVE N LARGO'FL 33773 **LARGO FL 33773** 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 59-2137793 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 Name HART. SUSANA A Street Address (P.O. Box Number is Not Acceptable) 6536 123RD AVE N **LARGO FL 33773** Zip Code FL 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, 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition ALVAREZ, JOSE L NAME : NAME 6930 13TH AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP STD ☐ Delete TITLE ☐ Change ☐ Addition ALVAREZ, DULCE M NAME STREET ADDRESS 6930 13TH AVE N STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP TITLE Delete -Change TITLE NAME HART, SUSANA A NAME STREET ADDRESS 13864 106TH AVE N STREET ADDRESS CITY-ST-7IP SEMINOLE FL CITY-ST-ZIP Delete TITLE TITLE Change Addition ALVAREZ, JOSE I. NAME NAME 6820 PARK STREET #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-7IP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP