

# 2002 UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # F10214

1. Entity Name  
OURWAY, INC.

FILED

02 NOV 15 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

9735 SW 73RD ST  
MIAMI FL 33173

Mailing Address

721 N.W. 134TH PLACE  
MIAMI FL 33182

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2251846

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

ALVAREZ, MIGUEL M  
721 N.W. 134TH PLACE  
MIAMI FL 33182

*New Address*  
Miguel Alvarez  
12305 N.W. 6 St.  
Miami, Florida 33182

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Miguel M. Alvarez*

(NOTE: Registered Agent signature required when reinstating)

11-11-02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
NAME ALVAREZ, MIGUEL M  
STREET ADDRESS 9735 SW 73RD ST  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE Resident agent  
NAME Miguel M. Alvarez  
STREET ADDRESS 12305 NW 6 St, Miami FL 33182  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VP  
NAME ALVAREZ, JORGE G.  
STREET ADDRESS 9735 SW 73RD ST  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 12305 NW 6 St, Miami FL 33182  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE S  
NAME ALVAREZ, FELIPE E.  
STREET ADDRESS 9735 SW 73RD ST  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE V  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE T  
NAME ALVAREZ, CARMEN  
STREET ADDRESS 9735 SW 73RD ST  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-02

Date

335  
223-4810

Daytime Phone #

CR2E034 (4/02)