

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90172 027 \*\*\*150.00

**DOCUMENT # F48131**

1. Entity Name

**SCHER & ALVAREZ, INC.**

Principal Place of Business

Mailing Address

~~5030 SW 151 PL~~ **1023 TUPELO WAY**  
~~MIAMI FL 33185~~ **WESTON, FL. 33327**

~~5030 SW 151 PL~~ **1023 TUPELO WAY**  
~~MIAMI FL 33185~~ **WESTON, FL. 33327**

2. Principal Place of Business **WESTON, FL.**  
**1023 TUPELO WAY**

3. Mailing Address  
**1023 TUPELO WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**WESTON, FL.**

City & State  
**WESTON, FL.**

4. FEI Number **59-2130520**

Applied For  
 Not Applicable

Zip **33327**

Country  
**USA**

Zip **33327**

Country  
**USA**

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

**SCHER, MARIA M**  
**5030 SW 151 PL**  
**MIAMI FL 33185**

Name **SAME**

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

**1023 TUPELO WAY**

City **WESTON**

**FL** Zip Code **33327**

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

*R. Scher*

**01/03/00**

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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHER, MARIA M</b>	
STREET ADDRESS	<b>5030 SW 151 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SCHER, RICHARD I</b>	
STREET ADDRESS	<b>5230 SW 15TH PL</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>HUSKA, AMY</b>	
STREET ADDRESS	<b>2790 BIRCHWOOD LN</b>	
CITY-ST-ZIP	<b>DEERFIELD IL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1023 TUPELO WAY</b>	
CITY-ST-ZIP	<b>WESTON, FL. 33327</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1023 TUPELO WAY</b>	
CITY-ST-ZIP	<b>WESTON, FL. 33327</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*R. Scher* **RICHARD SCHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/03/00**  
Date

**954 384 1110**  
Daytime Phone #