

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90180 026 \*\*\*150.00

0207440 AV

**DOCUMENT # G16649**

1. Entity Name  
**AIB SYNDICATE INCORPORATED**



Principal Place of Business  
**2500 NW 79 AVE  
MIAMI FL 33122  
US**

Mailing Address  
**2500 NW 79 AVE  
MIAMI FL 33122  
US**



2. Principal Place of Business  
**8300 W. FLAGLER ST.**

3. Mailing Address  
**8300 W. FLAGLER ST.**

Suite, Apt. #, etc.  
**250**

Suite, Apt. #, etc.  
**250**

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number **59-2263454**

Applied For  
 Not Applicable

Zip Country  
**33144 USA**

Zip Country  
**33144 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

**ALVAREZ, ANNETTE R  
2500 NW 79TH AVE.  
MIAMI FL 33122**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**8300 W. FLAGLER ST.  
SUITE 250**  
City **MIAMI** FL Zip Code **33144**

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/21/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **PD ALVAREZ, JOSE M.**  
STREET ADDRESS **2500 NW 79 AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **8300 W. FLAGLER ST., SUITE 250**  
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE  Delete  
NAME **VDAS SOTO, JOHN M.**  
STREET ADDRESS **2500 NW 79 AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **8300 W. FLAGLER ST., SUITE 250**  
CITY-ST-ZIP **MIAMI, FL 33144**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **Vice President Annette R Alvarez**  
STREET ADDRESS **8300 W. Flagler St. Suite 250**  
CITY-ST-ZIP **Miami, FL 33144**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOSE M. ALVAREZ**

DATE **4/21/03** DAYTIME PHONE #

CR2E034 (10/02)