

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90069 036 \*\*\*150.00

**DOCUMENT # H85017**

1. Entity Name  
**ORESTES ALVAREZ-JACINTO, INC.**

Principal Place of Business

Mailing Address

~~GENE S ROSEN~~  
~~1550 NE MIAMI GARDENS DR., S-305~~  
~~MIAMI BEACH FL 33179-4836~~

~~GENE S. ROSEN~~  
~~1550 NE MIAMI GARDENS DR., S-305~~  
~~N. MIAMI BEACH FL 33179-4836~~

B0008965



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2688926

Applied For

Not Applicable

Zip

Country

Zip

Country

33156

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

Name

Orestes Alvarez Jacinto

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

6835 S.W. 92 St.

City

Miami

FL

Zip Code

33156

~~ROSEN, GENE S.~~  
~~1550 NE MIAMI GARDENS DR.~~  
~~S-305~~  
~~N. MIAMI BEACH FL 33179~~

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)

DATE

1-14-00 (305) 662-3874

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 \$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	D	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ-JACINTO, ORESTES	
STREET ADDRESS	8900 S.W. 117TH AVE.	
CITY-ST-ZIP	MIAMI FL	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alvarez-Jacinto, Orestes	
STREET ADDRESS	6835 S.W. 92 Street	
CITY-ST-ZIP	Miami, FL. 33156	
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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

(Signature and typed or printed name of signing officer or director)

1/14/00 (305) 663-6699

Daytime Phone #

(305) 663-6699

CR2E034 (9/99)